

IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

WILLIAM BARNES, et al., Civil Action No.

: 96-CV-5903

Plaintiffs,

vs.

Deposition of:

THE AMERICAN TOBACCO

MICHAEL E. PARRISH,

Ph.D.

COMPANY, INC. et al.,

Defendants.

-----  
TRANSCRIPT of testimony as taken by and  
before LEE A. BURSTEN, a Registered Professional  
Reporter and Notary Public, at Shook, Hardy &  
Bacon LLP, Market Square West, 801 Pennsylvania  
Avenue, N.W., Washington, D.C., on Tuesday,  
September 30, 1997, commencing at 9:40 in the  
morning.

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## I N D E X

2	WITNESS	PAGE
3	MICHAEL E. PARRISH, Ph.D.	
4	Mr. Lefkowitz	5
5	Mr. Purvis	124

## E X H I B I T S

8	NUMBER	DESCRIPTION	IDENTIFICATION
9	Exhibit 1	Deposition notice with document request	32
10	Exhibit 2	Copies of articles and government documents	33
12	Exhibit 3	Expert report	35
13	Exhibit 4	Affidavit	35
14	Exhibit 5	Affidavit of Theodore Wilson	38
15	Exhibit 6	Congressional testimony of Jim Johnstone	63
16	Exhibit 7	Congressional testimony	64
18	Exhibit 8	Congressional Record statement, Senator Smoot	76
20	Exhibit 9	Frank Statement to Cigarette Smokers	100
21	Exhibit 10*	Various documents	117
22	Exhibit retained by the court reporter with copies sent to Ms. Hondorf and Ms. Tyler		

1 THE VIDEOGRAPHER: Here begins  
2 videotape number 1 of volume number 1 in the  
3 deposition of Michael E. Parrish, Ph.D., in the  
4 case of William Barnes, et al., versus The  
5 American Tobacco Company, Incorporated, et al.

6 Today's date is September 30th,  
7 1997. The time is 9:40 a.m. My name is Scott  
8 Forman and I am the videographer. Starting on my  
9 left, would the counsel please state their names  
10 and whom they represent.

11 MR. LEFKOWITZ: My name is Paul  
12 Lefkowitz, counsel for the plaintiffs.

13 MR. HILDRE: Don Hildre, counsel for  
14 plaintiffs.

15 MS. HONDORF: Sherrill Hondorf,  
16 counsel for the plaintiffs.

17 MR. McCONNELL: Steve McConnell,  
18 Dechert, Price & Rhoads, on behalf of defendant  
19 Philip Morris.

20 MS. TYLER: Julia Tyler, with  
21 Johnson & Tyler, for defendant Philip Morris.

22 MR. MONICA: John Monica, Shook,  
23 Hardy & Bacon, for Lorillard Tobacco Company.

24 MR. PURVIS: Allen Purvis, Shook,  
25 Hardy & Bacon, Brown & Williamson and Lorillard



1 Tobacco.

2 THE VIDEOGRAPHER: Would the  
3 reporter please swear the witness.

4 M I C H A E L E. P A R R I S H, P h. D.,

5 [DELETED]

6 Sworn.

7 EXAMINATION BY MR. LEFKOWITZ:

8 Q. Good morning, Professor Parrish.

9 Would you prefer that I call you Professor  
10 Parrish or Dr. Parrish?

11 A. Professor is fine.

12 Q. Professor is fine? We're taking  
13 your deposition today in connection with an  
14 opinion that you have offered in connection with  
15 this case. Have you ever testified before at a  
16 deposition?

17 A. No.

18 Q. Have you ever testified in any legal  
19 proceeding?

20 A. No.

21 Q. Let me explain to you a little bit  
22 about the deposition process. I'm going to be  
23 asking you questions.

24 And even though we have a video  
25 camera taping your testimony, I'm going to ask

1 that you provide oral responses to my questions  
2 rather than shaking your head or nodding your  
3 head or shrugging your shoulders or giving me  
4 some kind of non-verbal response, because we need  
5 that for the purposes of the stenographer, the  
6 court reporter who is going to be transcribing  
7 your actual answers in response to my questions.

8 Fair enough?

9 A. I understand.

10 Q. In addition, during the course of my  
11 questioning, if there is any question that I ask  
12 you that you don't understand or confuses you or  
13 you would like me to rephrase, would you please  
14 let me know and I'll do the best I can to try to  
15 provide you with a question that you're capable  
16 of answering. Fair enough?

17 A. I certainly will.

18 Q. You teach right now at the  
19 University of California at San Diego?

20 A. That's correct.

21 Q. What courses do you teach?

22 A. I generally teach courses in the History  
23 of American Law, courses in 20th Century American  
24 Social and Cultural History, and occasionally a  
25 course entitled Justice.

1 Q. What is the course content of the  
2 History of American Law?

3 A. It is a survey course that runs over two  
4 quarters that goes basically from the time of  
5 Edward I to Janet Reno..

6 Q. Does that focus on significant legal  
7 developments?

8 A. It focuses both on constitutional public  
9 law issues as well as private law issues, for  
10 example history of tort liability contracts and  
11 property law.

12 Q. Is that an undergraduate course?

13 A. Yes, it is.

14 Q. What is the course content of the  
15 20th century social history?

16 A. It deals with both political events and  
17 with social and cultural change, especially  
18 social movements in 20th century America.

19 Q. Do either of those courses deal with  
20 or involve cigarette related litigation?

21 A. Well, in the context of discussing social  
22 movements such as such as civil rights,  
23 prohibition, various crusades against gambling  
24 and prostitution, I do upon occasion mention the  
25 anti-cigarette activities in the 20th century.

1 Q. In connection with the history of  
2 American law course, does the course content  
3 implicate tobacco litigation?

4 A. I have not dealt with that subject. No,  
5 not in that course.

6 Q. How long have you taught the history  
7 of American law course?

8 A. Nearly 12 years, I believe.

9 Q. And how about the 20th century  
10 social history course?

11 A. 28 years.

12 Q. Are there any other courses that you  
13 teach?

14 A. Occasionally a special graduate seminar.

15 Q. What would the course content of  
16 that seminar be?

17 A. Oftentimes it's a review of the literature  
18 of a particular period of American history such  
19 as the New Deal or the Cold War period.

20 Q. Have you ever been retained prior to  
21 now to act as an expert in connection with any  
22 legal matter?

23 A. No.

24 Q. This is the first time that you have  
25 been retained to provide testimony as an expert?

1 A. Yes.

2 Q. When were you first contacted for  
3 the purposes of acting as an expert in this case?

4 A. It would have been sometime late October,  
5 early November 1996.

6 Q. Who contacted you?

7 A. I was contacted by Allen Purvis.

8 Q. Was that via telephone?

9 A. Yes.

10 Q. Did Mr. Purvis indicate to you how  
11 he had obtained your name?

12 A. I had known Mr. Purvis previously to  
13 that

14 Q. How had you known Mr. Purvis?

15 A. -- conversation. I had met him a number  
16 of years before. I believe two, two and a half  
17 years prior to that.

18 Q. How did you meet Mr. Purvis two and  
19 a half years prior?

20 A. He called me in San Diego and asked me if  
21 I would meet with him.

22 Q. What was the purpose of the meeting?

23 A. He asked me if I was interested in  
24 undertaking some research concerning the history  
25 of public awareness concerning cigarettes and the

1 related health issues with regard to cigarettes.

2 Q. So Mr. Purvis originally contacted  
3 you sometime in 1993, is that a fair statement?

4 A. To the best of my recollection, yes.

5 Q. And when he first contacted you in  
6 1993, he indicated that he would like to meet  
7 with you?

8 A. Yes.

9 Q. Did you in fact meet?

10 A. Yes.

11 Q. And what did you discuss during the  
12 meeting?

13 A. He basically outlined the kind of research  
14 that his law firm was interested in doing and  
15 inquired whether I would be interested in  
16 undertaking that kind of research.

17 Q. What was your response?

18 A. I said I would think it over.

19 Q. Did you ever get back to Mr. Purvis  
20 after your meeting?

21 A. Yes.

22 Q. When was that?

23 A. Oh, I don't recall. It may have been a  
24 week or so after that.

25 Q. What did you tell Mr. Purvis?

1 A. I said I think I would be interested in  
2 doing that research.

3 Q. Why were you interested in doing  
4 that research?

5 A. Well, I was in the middle of some projects  
6 that I was about to complete, and I was thinking  
7 about new research activities, and it was a topic  
8 at the time that I didn't know a great deal about  
9 and thought it would be interesting to explore.

10 Q. During your meeting in 1993 with  
11 Mr. Purvis, did Mr. Purvis indicate to you some  
12 type of conclusion that he was looking to obtain?

13 A. Absolutely not.

14 Q. When was the next time that you  
15 heard from Mr. Purvis after you called him a week  
16 or so after your meeting in 1993?

17 A. I don't specifically recall. It would be  
18 very difficult to recall a particular time. We  
19 may have talked on the phone, off and on, in the  
20 next year or so.

21 Q. You were formally retained, however,  
22 in October of 1996?

23 A. I began to do some research about that  
24 time, yes.

25 Q. And was this a result of your being

1 retained?

2 A. Yes, I would -- yes.

3 Q. At the time that you were retained  
4 did you have a discussion with Mr. Purvis  
5 regarding your compensation?

6 A. Yes.

7 Q. What was the discussion regarding  
8 your compensation?

9 A. I said that I would need somewhere in the  
10 neighborhood of \$125 an hour if I was going to  
11 engage in this kind of research for his firm.

12 Q. And Mr. Purvis indicated that was  
13 acceptable?

14 A. Yes.

15 Q. Prior to talking to Mr. Purvis in  
16 1993, had you talked with any other attorneys  
17 representing tobacco companies in connection with  
18 tobacco related litigation?

19 A. No.

20 Q. Since 1993, have you talked to  
21 anybody, any attorneys representing any tobacco  
22 companies other than Mr. Purvis?

23 A. Yes.

24 Q. What other attorneys have you talked  
25 to?



1 A. I can't recall all of them. Certainly  
2 I've talked with Janet Johnson.

3 Q. Who is Janet Johnson?

4 A. She is an attorney.

5 Q. Do you know with what firm?

6 A. At the present time?

7 Q. Yes.

8 A. She is with Johnson & Tyler.

9 Q. And do you know who she represents?

10 A. She represents I believe tobacco  
11 companies

12 Q. You don't know which tobacco  
13 company?

14 A. No, I do not.

15 Q. Who else?

16 A. Julia Tyler.

17 Q. Do you know who Julia Tyler  
18 represents?

19 A. Not specifically, no.

20 Q. When did you have conversations with  
21 those two attorneys?

22 A. Janet Johnson accompanied Mr. Purvis to  
23 the first meeting that I had with him in San  
24 Diego.

25 Q. When was that meeting?

1 A. As I say, about three to three and a half  
2 years ago, the first meeting.

3 Q. So in other words you're talking  
4 about a meeting that she accompanied Mr. Purvis  
5 to, a meeting in 1993?

6 A. That's correct.

7 Q. Have you seen her or talked with her  
8 since that first meeting?

9 A. Yes.

10 Q. What have you discussed with her?

11 MR. PURVIS: Just a second. I'm  
12 going to object. I think you're getting very  
13 close to inquiring into work product materials,  
14 and I would caution the witness to listen to the  
15 questions and not divulge the substance of  
16 conversations that you have had with any of the  
17 attorneys for the defendants in this case.

18 You may discuss time, place, general  
19 matters, but not specifics.

20 BY MR. LEFKOWITZ:

21 Q. Answer the question.

22 A. Would you repeat the question?

23 MR. LEFKOWITZ: Could we have the  
24 question read back?

25 (The record was read as requested.)

1 THE WITNESS: That question is so  
2 broad it would be -- it's impossible for me to  
3 answer.

4 BY MR. LEFKOWITZ:

5 Q. Since 1996, specifically October of  
6 1996, have you personally met with any of the  
7 attorneys representing the defendants in this  
8 case?

9 A. Yes.

10 Q. Who have you met with?

11 A. I have met with Allen Purvis, I have met  
12 with Julia Tyler, I have met with John, and I've  
13 met with Janet Johnson.

14 Q. Where did those meetings take place?

15 A. On occasion in San Diego, here in  
16 Washington, D.C. --

17 Q. How many such meetings were there?

18 A. -- in Los Angeles. Perhaps four to five.

19 Q. And all of those meetings involved  
20 your testimony and your opinion in connection  
21 with this case?

22 A. No.

23 Q. What else did those meetings  
24 involve? Your testimony and opinion in  
25 connection with other cases?

1 A. Yes.

2 Q. What other cases?

3 A. Well, that would be a long list. Do you  
4 want to discuss them all?

5 Q. Yes.

6 A. Originally a case in San Diego known as  
7 Cordova; cases from New York; Minnesota;  
8 Arkansas; and California.

9 Q. You've listed five geographical  
10 areas. Are there more than five cases within  
11 those geographical areas?

12 A. I believe there are.

13 Q. How many total cases have you been  
14 retained as an expert in?

15 A. I believe only the ones that I mentioned  
16 to you. Some of them I believe are Attorney  
17 General cases. Some of them involve class action  
18 cases. Some of them are by I believe counties  
19 and cities in California.

20 Q. If I ask you for the number of  
21 cases, you're unable to tell me the precise  
22 number of cases that you've been retained to  
23 testify as an expert in?

24 A. I believe I've only been retained to  
25 testify as an expert in this particular case

1 here. I have done research concerning the other  
2 cases I have mentioned to you.

3 Q. How many other cases? For example,  
4 when you were going through your list, you told  
5 me New York cases.

6 A. Mm-hmm.

7 Q. Which leads me to believe there's  
8 more than one case in New York. My question is,  
9 is there more than one case in New York?

10 A. I believe there is one -- it is a class  
11 action case in New York.

12 Q. So is there one case in New York,  
13 one case in Minnesota, one case in Arkansas, one  
14 case in California and another case in San Diego?

15 A. I'm not sure about how many cases in  
16 California.

17 Q. And you've also been retained in  
18 connection with this case in Pennsylvania?

19 A. That's correct.

20 Q. So at a minimum you have six  
21 engagements with the defendants in this case  
22 related to other cases as well?

23 A. I have done research concerning those  
24 cases that I mentioned to you. I've done  
25 historical research about smoking and public

1 awareness in those states that I mentioned to  
2 you.

3 Q. Right. But you don't understand at  
4 this point in time whether or not you are going  
5 to be asked to actually offer testimony in  
6 connection with those other cases?

7 A. That's correct.

8 Q. Have you submitted an invoice to the  
9 defendants for the work performed in connection  
10 with this case?

11 A. In the past I have, for work that I have  
12 already done, yes.

13 Q. Have you provided those invoices to  
14 us?

15 A. Not that I recall.

16 Q. Do you recall the total amount of  
17 the invoices that you submitted to the defendants  
18 for your work in connection with this case?

19 A. Not exactly. But it's probably in the  
20 neighborhood of 3 to \$4,000.

21 Q. And you've been paid for that?

22 A. Yes.

23 Q. Have you submitted invoices to the  
24 defendants in connection with the work that you  
25 performed in connection with all of the

1 litigation matters that you previously  
2 identified?

3 A. Yes.

4 Q. And have you been paid for all of  
5 those?

6 A. Yes.

7 Q. Can you give me an idea as to how  
8 much in total was submitted by way of invoice to  
9 the defendants for all of the work that you've  
10 performed in all of the cases where you have been  
11 retained?

12 A. Retained with respect to what?

13 Q. Retained with respect to either  
14 doing research, retained with respect to offering  
15 an opinion, retained with respect to providing  
16 testimony.

17 A. Somewhere between 25 and \$35,000.

18 Q. When was the first invoice that you  
19 submitted to the defendants in connection with  
20 doing work in any of the five litigation matters  
21 that you've previously identified?

22 A. I don't recall specifically.

23 Q. Do you recall submitting an invoice  
24 in 1993?

25 A. Perhaps. I don't have a recollection.

1 Probably within six or so months after I began to  
2 do my research, yes.

3 Q. Do you have copies of all the  
4 invoices that you've submitted to the defendants  
5 in connection with all litigation matters in  
6 which you've been retained by the defendants?

7 A. I probably do.

8 Q. Could you provide those to  
9 Mr. Purvis so that he in turn can provide them to  
10 us?

11 MR. PURVIS: Paul, I would just like  
12 to say for the record, I know this isn't your  
13 case, it's not my case, but it's my understanding  
14 that we have provided you with, frankly, more  
15 than your witnesses have provided us in response  
16 to our requests.

17 And I will leave it to Mr. McConnell  
18 and others to determine whether we will provide  
19 additional materials. But it's something neither  
20 you nor I are involved in. I just want to make  
21 that clear.

22 BY MR. LEFKOWITZ:

23 Q. Well, just so that we are clear,  
24 Professor Parrish, I would like you to provide  
25 the invoices I just asked you about to

51973 1644



1 Mr. Purvis.

2 A. Well, Mr. Purvis may already have copies,  
3 because I generally submit my invoices, as you  
4 call them, to his law firm, and therefore I'm not  
5 sure that I've kept copies of all of them.

6 Q. Whatever you have kept copies of I  
7 would like you to provide to Mr. Purvis, and  
8 we'll deal with the providing of the information  
9 by Mr. Purvis to us in some other form or  
10 proceeding.

11 MR. PURVIS: Professor Parrish, I  
12 would just like to advise you that you are not  
13 under any obligation to respond to  
14 Mr. Lefkowitz's demands, and the lawyers will  
15 hammer that out.

16 BY MR. LEFKOWITZ:

17 Q. Do you know Professor Theodore  
18 Wilson who is a history professor at the  
19 University of Kansas?

20 A. Do I know him personally?

21 Q. Yes.

22 A. No.

23 Q. Do you know him professionally?

24 A. Not really.

25 Q. Had you ever heard of him?

1 A. Yes.

2 Q. In what connection have you heard of  
3 him?

4 A. I believe I have heard -- I have some  
5 friends at the University of Kansas who have  
6 mentioned him.

7 Q. In what context?

8 A. He's a colleague of theirs.

9 Q. In what context have they mentioned  
10 him?

11 A. I don't recall exactly. But I have -- I  
12 have friends at the University of Kansas who  
13 share -- he's a colleague of theirs in the same  
14 department there.

15 Q. Have you ever seen anything that  
16 Professor Wilson has written or authored?

17 A. No, I haven't.

18 Q. Now, when you first talked to  
19 Mr. Purvis in 1993 regarding potentially being  
20 retained by the defendants, did you consider a  
21 methodology for the purposes of performing the  
22 undertaking that was described by Mr. Purvis?

23 A. A methodology that I would use in  
24 undertaking any historical research, yes.

25 Q. And what methodology is that?

1 A. Well, first of all, to read very broadly  
2 the secondary literature relating to any  
3 particular issue or topic, and then also to begin  
4 to look at the primary source materials that  
5 might be relevant to that particular topic.

6 Q. So in connection with the engagement  
7 that you and Mr. Purvis discussed, what types of  
8 information had you deemed it appropriate to  
9 gather and consider?

10 A. Are you referring specifically to the  
11 Barnes, case or are you referring more broadly?

12 Q. I'm referring at this point in time  
13 broadly.

14 A. Well, I began to read very generally in  
15 the secondary literature concerning the history  
16 of tobacco and the tobacco industry and  
17 cigarettes in the United States.

18 Q. For what purpose?

19 A. In order to get a command of the general  
20 historical terrain that already had been covered  
21 by other scholars.

22 Q. Once you read that general  
23 information, what did you deem it appropriate to  
24 do next?

25 A. I deemed it appropriate to begin to look

1 at some of the more primary source materials that  
2 might have a bearing upon the topic of public  
3 awareness concerning the health hazards of  
4 tobacco and cigarettes specifically.

5 Q. What would be a primary source  
6 material?

7 A. There would be quite a long list of  
8 primary source materials that one or I did look  
9 at. Newspapers, for example; periodical  
10 literature; government documents; the personal  
11 papers of various public officials as well as  
12 people in the private sector who were interested  
13 about health and health related issues concerning  
14 cigarettes.

15 That would be a sample of the kind  
16 of primary sources that I looked at.

17 Q. Whose personal papers of what public  
18 officials did you look at?

19 A. Well, it's quite a long list. Are you  
20 sure you want me to go over that?

21 Q. Yes.

22 A. Well, for example, Senator Richard  
23 Neuberger of Oregon, who is one of the leading  
24 Members of Congress in terms of that issue, I  
25 looked at his papers at the University of Oregon;

1 also his wife, Maureen Neuberger.

2 Q. What did those papers reveal?

3 A. They revealed legislative histories and  
4 opinions by other members of the legislature  
5 concerning various matters relating to the  
6 tobacco industry and cigarettes.

7 Q. What were their opinions?

8 A. Praising Senator Neuberger for his and her  
9 efforts on behalf of various legislative  
10 endeavors. For example cigarette labeling.

11 Q. When was Senator Richard Neuberger a  
12 Senator?

13 A. In the '50s. 1950s.

14 Q. What other personal papers of what  
15 public officials did you examine?

16 A. Well, I've also examined papers of Senator  
17 Phillip Hart from Michigan; Senator Frank Moss of  
18 Utah.

19 Q. What did the papers of Senator  
20 Phillip Hart reveal to you in connection with  
21 your engagement?

22 A. Again, Senator Hart was among the leading  
23 proponents of regulating in various ways the  
24 advertising and the labeling with respect to  
25 cigarettes.

1 Q. What did the personal papers show to  
2 you?

3 A. That there was a high degree of interest,  
4 for example by his constituents in Michigan, in  
5 this issue. A lot of the mail was from  
6 constituents.

7 Q. You read mail that had been sent to  
8 Senator Hart?

9 A. Yes..

10 Q. How many pieces of mail did you  
11 read?

12 A. I received from the University of Michigan  
13 Xeroxings of constituent correspondence.

14 Q. How many such pieces of  
15 correspondence?

16 A. I don't recall.

17 Q. More than a hundred?

18 A. Probably less than that.

19 Q. How about Senator Frank Moss? What  
20 did his personal papers reveal to you?

21 A. There I believe I received -- I got copies  
22 of drafts of proposed legislation and also  
23 constituent correspondence.

24 Q. I assume from your testimony that  
25 you did not travel to the University of Michigan

1 to look at Senator Hart's personal papers?

2 A. That's correct.

3 Q. You made a request to somebody at  
4 the University of Michigan to provide you copies  
5 of various information?

6 A. First of all I asked for the finding aid.  
7 Most manuscript archives have finding aids for  
8 particular collections which contain an inventory  
9 of all the materials. I asked for the finding  
10 aid, and then from that I could make a request  
11 for particular files, particular materials.

12 Q. What requests did you make to the  
13 University of Michigan in connection with the  
14 files of Senator Hart?

15 A. I don't recall the specific files I asked  
16 for, but I know on the basis of the finding aid I  
17 could identify the files I did wish to have  
18 xeroxed, and I could eliminate 75 percent of the  
19 collection.

20 Q. How voluminous was the information  
21 that you ended up receiving from the University  
22 of Michigan?

23 A. It wasn't as voluminous as the materials,  
24 say, in the Neuberger papers.

25 Q. Well, how voluminous was it? Under

1 200 pieces of paper?

2 A. Oh, yes.

3 Q. Under 100 pieces of paper?

4 A. Somewhere between 50 and 100 pieces of  
5 paper.

6 Q. Was there a charge associated with  
7 asking the University of Michigan to do that?

8 A. Yes, there was.

9 Q. Do you recall what the charge was?

10 A. Oh, it was somewhere between 75 cents and  
11 \$1.25 per page.

12 Q. And that was an expense that you  
13 incurred?

14 A. Absolutely.

15 Q. That was an expense that you  
16 ultimately billed the defendants for?

17 A. Absolutely.

18 Q. How many separate institutions did  
19 you ask to provide you with the same type of  
20 information that you asked the University of  
21 Michigan to provide you in connection with  
22 Senator Hart?

23 A. I would have to -- I'm not sure I can  
24 recall them all. Certainly University of  
25 Minnesota and University of Utah.



1 Q. Same process was followed?

2 A. Yes. In other cases I visited the archive  
3 personally and had the Xeroxing done on the site.

4 Q. Where did you personally visit the  
5 archive?

6 A. Stanford University.

7 Q. For the purposes of reviewing whose  
8 personal papers?

9 A. The David Starr Jordan papers.

10 Q. Who is David Starr Jordan?

11 A. Former president of Stanford University.

12 Q. What did his papers reveal?

13 A. That he was from time to time very active  
14 in the anti-cigarette movement around the time of  
15 the First World War.

16 Q. What other archives did you  
17 personally examine?

18 A. The University of Oregon, near Eugene.

19 Q. And that was to obtain and review  
20 the papers of Senator Neuberger?

21 A. Yes, both Richard Neuberger and Maureen  
22 Neuberger. Yes.

23 Q. What archives did you visit?

24 A. The National Archives here in Washington,  
25 D.C.

1 Q. Whose personal papers did you  
2 examine there?

3 A. I'm trying to recall now. I believe I  
4 used some of their finding aids in order to  
5 identify other collections across the country  
6 that might be of relevance.

7 Q. Did you focus --

8 A. Oh, excuse me. Newspapers. They have  
9 newspapers at the Library of Congress which I've  
10 also looked at.

11 Q. In connection with this undertaking  
12 of gathering information, did you focus on  
13 individuals that had been anti-smoking,  
14 anti-cigarette, anti-tobacco individuals or  
15 entities?

16 A. Yes, I certainly did. Oh, I neglected to  
17 mention to you an archive -- that's all right.

18 Q. Why don't you go ahead and provide  
19 me with that.

20 A. Did I mention the University of Minnesota?

21 Q. You did not mention University of  
22 Minnesota.

23 MR. PURVIS: Yes, he did.

24 THE WITNESS: I believe I did.

25 BY MR. LEFKOWITZ:

1 Q. Whose archives did you look at at  
2 the University of Minnesota?

3 A. The Anthony Zelaney papers.

4 Q. Who was Anthony Zelaney?

5 A. Again, he was a turn of the century  
6 anti-cigarette crusader. He was a professor at  
7 the University of Minnesota who was very much a  
8 part of the anti-cigarette crusade around the  
9 time of the First World War.

10 Q. In connection with any or all of  
11 your engagements by the defendants in this case  
12 or any of the other cases that you have  
13 previously told us about, were you asked to do  
14 any public opinion polling or sample?

15 A. No.

16 Q. Did the defendants in this case or  
17 any of the other cases that you've told us about  
18 or their attorneys provide you with any  
19 information to review or examine in connection  
20 with your engagement?

21 A. No.

22 Q. Were you ever provided with  
23 videotapes by Shook, Hardy & Bacon?

24 A. No.

25 Q. Have you prior to today ever seen

1 the deposition of Professor Wilson from the  
2 University of Kansas?

3 A. No.

4 Q. Have you ever discussed with anybody  
5 prior to today the deposition of Professor  
6 Wilson?

7 A. No.

8 Q. Have you ever seen an affidavit that  
9 was prepared by Professor Wilson?

10 A. No.

11 Q. Have you ever seen an affidavit or  
12 statement prepared by any other historian in  
13 connection with either this case, the cases that  
14 you previously told us about where you had been  
15 retained, or any other case of similar ilk  
16 against the defendants in this case?

17 A. No.

18 MR. LEFKOWITZ: I would like to have  
19 this marked.

20 (Parrish Deposition Exhibit Number 1  
21 was marked for identification.)

22 BY MR. LEFKOWITZ:

23 Q. I'm going to hand you what's been  
24 marked as Parrish Exhibit 1, which is a  
25 deposition notice with document request. Have

1       you ever seen this document prior to today?

2       A.       I don't recall.

3               Q.       You don't remember ever having seen  
4       Parrish Exhibit 1 before?

5       A.       I don't recall specifically.   No.

6               MR. LEFKOWITZ:   I would like to have  
7       these documents marked as Parrish Composite  
8       Exhibit 2.   Allen, these are all of the documents  
9       that were provided to Don Hildre by mail this  
10       weekend from you.

11       THE WITNESS:   Okay.

12       (Parrish Deposition Exhibit Number 2  
13       was marked for identification.)

14       BY MR. LEFKOWITZ:

15              Q.       Professor Parrish, you have before  
16       you a stack of documents that has been marked as  
17       Parrish Composite Exhibit 2, and I ask you if you  
18       recognize that.

19       A.       I will have to go through each of these  
20       individually here.

21              Q.       Why don't you take your time and do  
22       that.

23              MR. LEFKOWITZ:   Why don't we go off  
24       the record.

25       THE VIDEOGRAPHER:   We're going off

1 the record. The time is 10:16 a.m.

2 (Discussion off the record.)

3 THE VIDEOGRAPHER: We are back on  
4 the record. The time is 10:19 a.m.

5 BY MR. LEFKOWITZ:

6 Q. Professor Parrish, you have had an  
7 opportunity to review Parrish Composite Exhibit  
8 2?

9 A. Yes.

10 Q. Can you identify Parrish Composite  
11 Exhibit 2 for us?

12 A. These are Xeroxes of magazine articles, of  
13 newspaper articles, and of various official  
14 government documents.

15 Q. What do those documents in their  
16 entirety constitute?

17 A. These I believe form the basis of the  
18 source material that I used in preparing the  
19 affidavit in this case, in the Arch case. I  
20 guess it's now known as Barnes.

21 Q. And when you refer to your affidavit  
22 in connection with this case, you're referring to  
23 what we're going to mark as Plaintiff's Exhibit  
24 3?

25 (Parrish Deposition Exhibit Number 3

1 was marked for identification.)

2 BY MR. LEFKOWITZ:

3 Q. Do you have before you Parrish  
4 Exhibit 3?

5 MR. PURVIS: For the record, this is  
6 not Mr. Paris's affidavit. This is his expert  
7 report.

8 THE WITNESS: This is a CV. This is  
9 my CV.

10 BY MR. LEFKOWITZ:

11 Q. Did you prepare an affidavit in  
12 connection with this case?

13 A. Yes, I did.

14 Q. And you've also prepared an expert  
15 report?

16 A. Yes.

17 Q. Parrish Exhibit 3 is the expert  
18 report?

19 A. Yes. It's also my CV.

20 Q. Right. I'm going to hand you what  
21 we're going to mark as Parrish Exhibit 4.

22 (Parrish Deposition Exhibit Number 4  
23 was marked for identification.)

24 BY MR. LEFKOWITZ:

25 Q. You have before you, Professor

1 Parrish, Exhibit 4?

2 A. I do.

3 Q. That's an affidavit that you  
4 prepared in connection with a New York case in  
5 which you've been retained?

6 A. I would have to take a moment to review  
7 it.

8 Yes. It is an affidavit I prepared.

9 Q. And you prepared an affidavit like  
10 Parrish Exhibit 4 in connection with this case,  
11 the Barnes or Arch case?

12 A. What do you mean by "like"?

13 Q. Well, Parrish Exhibit 4 is an  
14 affidavit.

15 A. That's correct.

16 Q. You've also prepared an affidavit in  
17 connection with the Barnes or Arch case?

18 A. Correct.

19 Q. And is the affidavit that you  
20 prepared in connection with the Barnes or Arch  
21 case similar in format to the document that we've  
22 marked as Parrish Exhibit 4?

23 A. In format, yes.

24 Q. Did you write the affidavit in New  
25 York which we've marked as Parrish Exhibit 4?



1 A. Did I write this affidavit here?

2 Q. Yes.

3 A. Yes, I did.

4 Q. Did anybody assist you in connection  
5 with that?

6 A. No.

7 Q. Did anybody at any time offer any  
8 suggestions or comments with respect to any draft  
9 of what ultimately became Parrish Exhibit 4?

10 A. Not that I recall, no.

11 Q. So in other words Parrish Exhibit 4  
12 as it exists before you is 100 percent your work  
13 product?

14 A. That's correct.

15 Q. At page 2 of Parrish Exhibit 4 --

16 MR. McCONNELL: You don't have an  
17 extra copy of that, do you, Paul?

18 MR. LEFKOWITZ: Yes.

19 MR. McCONNELL: Thanks very much.

20 BY MR. LEFKOWITZ:

21 Q. At page 2 of Parrish Exhibit 4, at  
22 the bottom of the page, this's a sentence that  
23 reads, "When exploring popular understanding and  
24 common knowledge about a subject such as  
25 cigarettes and addiction, good historians will

1 keep in mind this distinction between what  
2 trained scientists knew and expressed and what  
3 the man or woman in the street assumed to be the  
4 truth of the matter."

5 Do you see that language?

6 A. Yes.

7 Q. Did you write that?

8 A. Yes.

9 MR. LEFKOWITZ: Let's mark this as  
10 Parrish Exhibit 5.

11 (Parrish Deposition Exhibit Number 5  
12 was marked for identification.)

13 BY MR. LEFKOWITZ:

14 Q. Do you have before you Parrish  
15 Exhibit 5?

16 A. Yes.

17 Q. And that purports to be the  
18 affidavit of Theodore Wilson?

19 A. That's what it says.

20 Q. I would like you to turn to page 3.  
21 And I would like you to look at the last sentence  
22 in paragraph 4, which reads as follows: "When  
23 exploring popular understanding about a subject  
24 such as cigarettes, health and addiction,  
25 historians keep in mind the distinction between

1 what trained scientists knew and expressed and  
2 what the man or woman in the street assumed to be  
3 the truth of the matter."

4 A. Mm-hmm.

5 Q. Would you agree with me that that is  
6 identical to the language that we just looked at  
7 in your affidavit in the New York case which is  
8 marked as Parrish Exhibit 4?

9 MR. McCONNELL: Objection.

10 Misstates the record.

11 THE WITNESS: Well, there are some  
12 differences in terms of words and phrasing.

13 BY MR. LEFKOWITZ:

14 Q. Let's go through the differences.

15 A. Well, I believe mine refers to "subjects  
16 such as cigarettes and addiction." This says --

17 Q. "Cigarettes, health."

18 A. "Subjects such as cigarettes, health and  
19 addiction."

20 Q. Right. So there's an insert of the  
21 word "health," right?

22 A. Mm-hmm. Yes. That is a difference.

23 Q. Any other differences?

24 A. Not that are immediately apparent.

25 Q. Well, Professor Wilson's affidavit

1 refers to historians, and your affidavit refers  
2 to good historians, right?

3 A. Mm-hmm. Okay. Another difference.

4 Q. Can you explain for me the  
5 similarities between that sentence in Professor  
6 Wilson's affidavit and the sentence appearing in  
7 your own affidavit?

8 MR. PURVIS: Objection.

9 THE WITNESS: Good historians think  
10 alike.

11 BY MR. LEFKOWITZ:

12 Q. Using identical sentences and the  
13 identical words in the identical sentences?

14 MR. PURVIS: Objection to the form.

15 MR. McCONNELL: Objection. Can we  
16 get a stipulation in on the record as we have at  
17 previous depositions, that one objection by one  
18 defense counsel is appropriate for all defense  
19 counsel?

20 MR. LEFKOWITZ: Absolutely.

21 MR. McCONNELL: Thank you.

22 BY MR. LEFKOWITZ:

23 Q. Can't explain it?

24 A. No.

25 Q. You never saw Professor Wilson's

1 affidavit before you prepared your own?

2 A. No.

3 Q. Do you have any reason to believe  
4 that Professor Wilson saw your affidavit prior to  
5 preparing his?

6 A. I have no knowledge of that.

7 Q. You never talked to Professor Wilson  
8 about it?

9 A. I have never laid eyes on Professor  
10 Wilson. I have never met the man.

11 Q. Let's refer to Parrish Exhibit 3,  
12 which is your expert report. This is dated June  
13 27, 1997?

14 A. Yes.

15 Q. Prior to June 27, 1997, have there  
16 been prior drafts of what ultimately became  
17 Parrish Exhibit 3?

18 A. Of my expert report?

19 Q. Yes.

20 A. No.

21 Q. So in other words Parrish Exhibit 3  
22 is the one and only expert report that you  
23 prepared in connection with this case?

24 A. Yes.

25 Q. Did you ever submit it to any of the

1 attorneys for the defendants for their review,  
2 comment, and criticism?

3 A. No. This was -- this report, this  
4 statement was read to me over the telephone by  
5 Allen Purvis, and it is a summary of the research  
6 that I did, or of the affidavit. And I said that  
7 is a fine summary, and I signed that report.

8 Q. So in other words Parrish Exhibit 3  
9 wasn't prepared by you?

10 A. No.

11 Q. It was prepared by Mr. Purvis?

12 A. Correct.

13 Q. And after Mr. Purvis read Parrish  
14 Exhibit 3 to you over the phone and you agreed  
15 that it was fine, a copy was sent to you, you  
16 signed it?

17 A. That's right.

18 Q. And sent it back to Mr. Purvis?

19 A. That's correct.

20 Q. Did you do anything for the purposes  
21 of preparing for today's deposition?

22 A. What do you mean by "preparing"?

23 Q. Did you read any of your research  
24 prior to coming to Washington for this  
25 deposition?

1 A. I reviewed certainly my affidavit, and I  
2 reviewed some of the underlying source documents,  
3 yes.

4 Q. Did you review any pleadings or  
5 depositions in this case?

6 A. Yes.

7 Q. Do you recall what you reviewed?

8 A. At one point I believe I read the first  
9 complaint that was filed in the Arch case.

10 Q. Anything else?

11 A. I reviewed the amended complaint in what  
12 is now called the Barnes case.

13 Q. That's it?

14 A. No.

15 Q. Okay. Why don't you give me a list.

16 A. Oh, you want --

17 Q. Instead of my keeping on saying  
18 what else, you can just give me a list of what  
19 you did review.

20 A. I read depositions by plaintiffs in the  
21 Barnes case.

22 Q. What did you glean from the  
23 depositions of the plaintiffs in the Barnes case?

24 A. That's a very broad question.

25 Q. Well --

1 A. They were very -- they were revealing  
2 about a number of things. Would you be more  
3 specific?

4 Q. Sure. Let me ask you this. When  
5 was the last time that you read one of the  
6 depositions of the plaintiffs in the Barnes case?  
7 Was that for the purposes of preparing for this  
8 deposition?

9 A. Yes.

10 Q. So that would have been within the  
11 last week or so?

12 A. Yes.

13 Q. Whose depositions did you review?

14 A. I reviewed the depositions of Ms. Potts,  
15 Ms. McNally, Ms. Saltzman, and I believe Splivak,  
16 as well as the depositions of members of their  
17 families.

18 Q. In Parrish Exhibit 3, you used the  
19 term "public awareness."

20 A. Mm-hmm.

21 Q. Right?

22 A. Yes.

23 Q. What does the term "awareness" mean?

24 A. Well, I'm not a psychologist, so I  
25 couldn't give you a scientific definition. But



1 from an historian's point of view it would mean  
2 understanding, cognitive understanding of a  
3 particular issue or event.

4 To be aware of is to be cognizant  
5 of, to have some understanding of the event and  
6 its consequences.

7 Q. In order to focus on  
8 understanding -- strike that. Understanding  
9 implicates an individual's state of mind, does it  
10 not?

11 A. I'm not quite sure what the question is.

12 Q. Well, you've testified that you  
13 equate the terms "awareness" with  
14 "understanding." True?

15 A. Well, one may have an awareness of a  
16 particular event or an activity and not  
17 necessarily have an understanding of that event.  
18 I suppose there is a distinction.

19 Q. What I'm trying to understand is,  
20 when you use the term "awareness," I'm trying to,  
21 for lack of a better word, understand exactly  
22 what you mean by that term. So in other words  
23 you are not equating awareness with  
24 understanding.

25 Can you give me some synonyms for

1 "awareness" in the sense that you used it?

2 A. I'm not a linguist. I'm not sure I could  
3 provide you with an accurate definition.

4 Q. Well, explain to me what "awareness"  
5 means to you.

6 A. It means that one, for example, would  
7 recognize a particular concept or a particular  
8 event or that one would recognize it and have  
9 some sense of its meaning and significance.

10 MR. LEFKOWITZ: Can I have the  
11 answer read back, please?

12 (The record was read as requested.)

13 BY MR. LEFKOWITZ:

14 Q. So to you, Professor, awareness  
15 really has two components; one is the recognition  
16 of a concept or event, and second, the ability to  
17 assess some type of meaning or significance to  
18 that concept or event?

19 MR. PURVIS: I object to form.

20 THE WITNESS: I'm sorry.

21 MR. PURVIS: That's all right. Go  
22 ahead and answer if you can.

23 THE WITNESS: Yes, that would be  
24 fair. I would also add that it also probably  
25 includes some sense that one also knows what

1 other people think and believe about a particular  
2 event or a particular concept.

3 So that I suppose I would broaden  
4 the notion of awareness to include also what  
5 other people think and believe about -- that one  
6 is aware about what other people hold to be the  
7 truth about a particular matter.

8 BY MR. LEBKOWITZ:

9 Q. So awareness involves how a person  
10 appreciates or understand an event?

11 A. That's a fair statement.

12 Q. And would you agree with me that how  
13 one person appreciates an event can differ from  
14 how another person appreciates an event?

15 A. Yes, that's true -- possible. Yes.

16 Q. So the term "awareness" has to focus  
17 on an individual's mental or thought processes.  
18 Fair statement?

19 A. Yes.

20 Q. What does the term "public" mean?  
21 When you use the term "public awareness," are you  
22 using "public" in the sense of popular?

23 A. Yes, I suppose I would use the concept of  
24 shared understandings or shared meanings or  
25 shared values about a particular topic or issue

1 in the sense that they are broadly held in the  
2 culture or in the population. They are shared  
3 understandings, shared values, whether true or  
4 false.

5 Q. So in other words when you refer to  
6 the term "public awareness," you're talking about  
7 things that lots of people understood?

8 A. Correct.

9 Q. How does one measure popular  
10 awareness?

11 A. Well, I think that for a historian there  
12 are a number of ways. One can look, for example,  
13 at newspapers, magazines, sources in what I would  
14 call the public domain, the public media that  
15 communicate messages broadly to the population.  
16 And of course the media varies from  
17 time to time. The 20th century media is  
18 different from the 19th century, from the  
19 colonial period.

20 Q. Can public awareness be affected,  
21 shaped or manipulated?

22 A. It can be influenced, certainly.

23 Q. How can public awareness be  
24 influenced?

25 A. By using the very same sources of the

1 media, I would imagine.

2 Q. Are you familiar with the term  
3 "disinformation"?

4 A. Not really. Is there a specific meaning  
5 to that?

6 Q. You have no -- if I use the word or  
7 I say to you, do you know what disinformation is,  
8 you don't know what I'm talking about?

9 A. It would have a number of meanings for me.

10 Q. What would it mean to you?

11 A. It could mean anything from a deliberate  
12 falsehood to a contending interpretation of a  
13 particular event or issue. Disinformation could  
14 mean any of those things. It would cover a wide  
15 spectrum of things.

16 Q. Do you know what propaganda is?

17 A. Probably, yes.

18 Q. What does propaganda mean to you?

19 A. It could mean an exaggerated statement  
20 concerning a particular issue or a particular  
21 event, something designed to persuade or to  
22 convince people of a particular position, a  
23 particular point of view on a matter.

24 Q. Does propaganda affect public or  
25 popular awareness?

1 A. Well, I suppose, yes, if it is  
2 broadly disseminated.

3 Q. In your expert report which is  
4 Parrish Exhibit 3, in the third paragraph on the  
5 first page, you use the word "impacted." Do you  
6 see that?

7 A. Mm-hmm.

8 Q. What did you mean by the word  
9 "impact" or "impacted"?

10 A. Reading that sentence I meant how a  
11 particular social, cultural or technological  
12 development might affect -- I should have maybe  
13 used the word "affected" or what role it played  
14 in terms of the consumption of cigarettes.

15 Q. So "impact" and "effect" are pretty  
16 synonymous?

17 A. I would think so.

18 MR. LEFKOWITZ: Why don't we take a  
19 break for a short period.

20 THE VIDEOGRAPHER: We're going off  
21 the record. The time is 10:44 a.m.

22 (Recess.)

23 THE VIDEOGRAPHER: We are back on  
24 the record. The time is 10:56 a.m.

25 BY MR. LEFKOWITZ:

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1 Q. Professor Parrish, referring to  
2 Parrish Exhibit 3, in the third paragraph you  
3 talk about a variety of developments that  
4 impacted cigarette consumption.

5 A. Yes.

6 Q. Now, would you agree with me that  
7 things that discourage cigarette consumption  
8 impact cigarette consumption?

9 A. Yes.

10 Q. And would you agree with me that  
11 things that encourage cigarette consumption  
12 impact cigarette consumption?

13 A. Possibly.

14 Q. How did you go about determining  
15 what is common knowledge, as you use that term on  
16 the second page of Parrish Exhibit 3?

17 A. I looked at a variety of sources of  
18 information that would have been broadly  
19 available to people such as newspapers,  
20 magazines, television, motion pictures of the  
21 20th century, other types of literature that were  
22 broadly circulated; and also at statements that  
23 people made about their awareness or  
24 understanding of cigarettes and tobacco.

25 Q. Would you agree with me that a

1 person's knowledge is individualized?

2 A. To some extent.

3 Q. Would you agree with me that  
4 knowledge also focuses on mental processes?

5 A. Yes.

6 Q. Would you agree with me that  
7 knowledge depends upon an ability that a person  
8 has to distill information?

9 A. Possibly, yes.

10 Q. How did you determine that awareness  
11 that cigarette smoking can be addictive became so  
12 widespread that the potential risks associated  
13 with smoking must be considered part of the  
14 common knowledge?

15 A. From a variety of sources that I looked  
16 at. The concept or the use of the word  
17 "addiction" or "habit" or "habit forming" with  
18 respect to cigarette smoking was very frequently,  
19 commonly used in various media sources.

20 Q. Is it fair to say that because there  
21 was a lot of information in the public domain  
22 indicating that smoking cigarettes had a harmful  
23 effect, that therefore people must understand or  
24 appreciate the fact that smoking is bad for you?

25 A. I think there's a very high correlation



1 between the information that is provided and the  
2 extent to which that information is absorbed,  
3 yes.

4 Q. Isn't that exactly how you arrived  
5 at your opinion in this case?

6 A. Yes.

7 Q. Your opinion in this case is based  
8 upon the fact that there was lots of information  
9 available from lots of different sources saying  
10 that cigarette smoking is bad for you?

11 A. Correct.

12 Q. You say on page 2 of Parrish Exhibit  
13 3 that this common knowledge was comprised not  
14 only of information concerning the claimed risks  
15 and hazards associated with smoking, but also  
16 incorporated and reflected in cigarette  
17 advertising and statements made by the tobacco  
18 industry.

19 You say that, right?

20 A. Yes.

21 Q. What information did you examine  
22 that comprised cigarette advertising and  
23 statements made by the tobacco industry that was  
24 incorporated and reflected in the common  
25 knowledge?

1 A. For example, if you read the warning  
2 labels on cigarette packages beginning in 1966 or  
3 1969, you would have had certainly that kind of  
4 awareness. And many of the plaintiffs in the  
5 Barnes case in their depositions testified to  
6 that fact.

7 Q. What else other than warning labels?

8 A. Pardon me?

9 Q. What else other than warning labels?

10 A. Cigarette advertisements were required  
11 certainly by the 1970s to carry information  
12 concerning nicotine and tar levels, which would  
13 have alerted people that those are not good for  
14 you.

15 Q. Isn't it true that warning labels  
16 and information on cigarettes setting forth  
17 nicotine and tar levels was required by the  
18 government?

19 A. I believe so.

20 Q. What other advertising and  
21 statements made by the tobacco industry were  
22 incorporated and reflected in the common  
23 knowledge that you've testified to previously?

24 A. Well, for example, there is the -- what  
25 was referred to as the Frank Statement by the

1 tobacco industry in the 1950s, which if read in  
2 one fashion could be seen as a red flag to  
3 consumers that research needs to be carried on  
4 with respect to health issues concerning  
5 cigarettes.

6 Q. Anything else?

7 MR. PURVIS: I object to form.

8 THE WITNESS: Those are the ones  
9 that immediately occur to me.

10 BY MR. LEFKOWITZ:

11 Q. Is there anything in Parrish  
12 Composite Exhibit 2 that constitutes cigarette  
13 advertising and statements made by the tobacco  
14 industry as referenced in page 2 of your expert  
15 report which is Parrish Exhibit 3?

16 A. I would have to review this. I used a  
17 number of documents and cited a number of things,  
18 and I don't recall specifically. You're  
19 referring to material that was produced,  
20 authorized, sponsored by the tobacco industry, is  
21 that the question?

22 Q. Well, I'm talking about cigarette  
23 advertising and statements made by the tobacco  
24 industry. I mean, it seems to me, Professor --  
25 let me sort of clarify what I'm looking for here.

1 It seems to me that your opinion is that it was  
2 part of the common knowledge that smoking  
3 cigarettes is bad for you, right?

4 A. I would have to ask you to rephrase that  
5 in terms of what time period you're referring to  
6 here.

7 Q. Well, let's make it real simple.  
8 Let's look at Parrish Exhibit 3.

9 A. Okay.

10 Q. Okay? And you say in the first  
11 sentence on page 2 what you expect to testify  
12 about, and that's your opinion, right?

13 A. Yes.

14 Q. And you refer to the fact that it is  
15 common knowledge that cigarette smoking has risks  
16 and can be addictive, right?

17 A. Mm-hmm.

18 Q. And you also say in the next  
19 sentence that cigarette advertising and  
20 statements made by the tobacco industry are part  
21 of that common knowledge, or form a basis for  
22 that common knowledge.

23 A. Mm-hmm.

24 Q. What I'm trying to find is what  
25 cigarette advertising and statements you're

1 referring to other than those that you've told us  
2 about that were considered by you in arriving at  
3 your opinion.

4 A. And I --

5 Q. And I'm asking whether or not  
6 specifically Parrish Exhibit or Parrish Composite  
7 Exhibit 2 contains that information.

8 A. I told you those particular sources that I  
9 believed from the industry did reflect that  
10 concern. I referred to the Frank Statement. I  
11 referred to the warning labels and also to the  
12 advertising warnings with respect to nicotine and  
13 tar levels.

14 Q. And you can think of nothing else  
15 other than those three points at this time?

16 A. Not immediately, no.

17 Q. Did your research disclose to you  
18 the position that the tobacco companies and their  
19 executives took with respect to cigarettes being  
20 either addictive or carrying potential health  
21 risks?

22 A. That was not an area of my research.

23 Q. Why not?

24 A. It was not an area concerning public  
25 awareness, that I was undertaking research in

1 that particular area.

2 Q. Well, isn't it true that in the  
3 course of your research you found information  
4 that the tobacco companies typically opposed  
5 legislation seeking to place constraints on the  
6 sale of cigarettes or the consumption of  
7 cigarettes in public places?

8 A. Yes, there is testimony to that effect.

9 Q. And you found that?

10 A. In government testimony, yes.

11 Q. Did that information in any way  
12 impact your opinion in connection with this case?

13 A. No.

14 Q. Why is that?

15 A. Well, because I was interested in  
16 researching the issue of public awareness  
17 concerning the health hazards of cigarettes and  
18 the potential of cigarettes to promote addiction  
19 to tobacco products.

20 Q. Well, is it fair to say that the  
21 information that you examined -- strike that.  
22 You have arrived at the opinion that there was a  
23 public awareness that cigarette smoking can be  
24 addictive, right?

25 A. That's correct.

1 Q. And that opinion is based upon  
2 various newspaper reports and other information  
3 that appeared throughout the past number of  
4 years, right?

5 A. Correct.

6 Q. Is it not true and didn't your  
7 research disclose that the tobacco companies have  
8 consistently taken the position that cigarette  
9 smoking is not addictive?

10 A. I'm aware of those statements, yes.

11 Q. So in other words there's a body of  
12 information in the public domain that says  
13 cigarette smoking is addictive, right?

14 A. Absolutely.

15 Q. And you looked at that in connection  
16 with your opinion, right?

17 A. Absolutely.

18 Q. And there's a body of information in  
19 the public domain that says cigarette smoking is  
20 not addictive?

21 A. I am familiar with some of that  
22 literature, yes.

23 Q. And you didn't consider the body of  
24 information in the public domain that says  
25 cigarette smoking is not addictive in arriving at

1 your opinion?

2 A. I certainly looked at it. I'm not sure  
3 what you mean by consider it. I certainly am  
4 aware of it and I certainly did look at  
5 congressional testimony and at other material,  
6 yes.

7 Q. Well, you're aware that the tobacco  
8 companies have consistently maintained that  
9 cigarette smoking is not addictive, right?

10 A. Correct.

11 Q. And that position has been taken  
12 publicly, right?

13 A. I believe it has.

14 Q. And the fact that that information  
15 has been taken publicly impacts on people's  
16 knowledge, isn't that true?

17 A. It may.

18 Q. So in other words people at one time  
19 will read newspaper articles saying cigarette  
20 smoking is addictive and at the same time be  
21 exposed to information disseminated by cigarette  
22 companies saying cigarette smoking is not  
23 addictive?

24 A. Correct.

25 Q. So in other words people are being



1 provided information that is inconsistent, fair  
2 statement?

3 A. Yes.

4 Q. So in other words, in completing  
5 your engagement you were not asked to consider  
6 information disseminated by tobacco companies  
7 rebutting any claims that cigarette smoking was  
8 harmful or addictive?

9 MR. PURVIS: I object to the form.

10 THE WITNESS: You are asking me that  
11 I was not asked?

12 BY MR. LEFKOWITZ:

13 Q. Yes.

14 A. I wasn't asked with respect to how I would  
15 conduct my research. I conducted my research  
16 according to what I believe to be my proper  
17 methods for going about that.

18 Q. So in completing your engagement,  
19 you did not consider information disseminated by  
20 tobacco companies rebutting the claims that  
21 cigarette smoking was harmful or addictive?

22 A. I certainly read -- I read a great deal of  
23 that material. Yes, I did. If you mean by  
24 "consider" did I read it, did I absorb it, the  
25 answer is yes.

1 Q. But it did not affect your opinion?

2 A. That's absolutely correct.

3 Q. Why is that?

4 A. Because it would not have made a scintilla  
5 of difference.

6 Q. Why have you arrived at that  
7 opinion?

8 A. Because the amount of information in the  
9 public domain which, whether you're speaking  
10 about newspapers or whether you're speaking about  
11 high school health textbooks, is so voluminous  
12 and so negative with respect to the consequences  
13 of smoking that I believe anything that the  
14 tobacco companies might have said would not have  
15 had much of an impact.

16 Q. So your opinion is because there was  
17 more information in the public domain saying  
18 cigarette smoking is bad for you than there was  
19 information saying cigarette smoking won't harm  
20 you, your opinion is that by the sheer weight,  
21 most people believed that cigarette smoking was  
22 harmful?

23 A. That's correct. And I believe that's true  
24 if you read the depositions of the plaintiffs in  
25 this case.

1 Q. Does an historian normally weigh  
2 conflicting evidence?

3 A. Yes. That's an obligation.

4 Q. Have you ever weighed conflicting  
5 evidence -- strike that.

6 MR. LEFKOWITZ: This will be Parrish  
7 Exhibit 6.

8 (Parrish Deposition Exhibit Number 6  
9 was marked for identification.)

10 BY MR. LEFKOWITZ:

11 Q. You have before you Parrish Exhibit  
12 6?

13 A. I do.

14 Q. Have you ever seen Parrish Exhibit 6  
15 before?

16 A. It's possible. I've read a lot of  
17 congressional testimony going back to the First  
18 World War.

19 Q. Do you recall reading the testimony  
20 of Jim Johnstone, chairman and CEO of R. J.  
21 Reynolds Tobacco Company?

22 A. Not specifically, no.

23 Q. You don't recall reading that?

24 A. It's very likely that I did, but as I say,  
25 I've read so many pieces of testimony by both

1 House and Senate committees going back to 1917,  
2 1918, that I could not give you a positive answer  
3 that I've read this particular piece of testimony  
4 by Mr. Johnston.

5 Q. Let's take a look at Parrish Exhibit  
6 7.

7 (Parrish Deposition Exhibit Number 7  
8 was marked for identification.)

9 BY MR. LEFKOWITZ:

10 Q. Professor, you have before you  
11 Parrish Exhibit 7. Have you ever seen this  
12 document before?

13 A. No.

14 Q. You didn't encounter Parrish Exhibit  
15 7 in the course of performing the research you're  
16 been telling us about?

17 A. If it was a statement that is printed or  
18 was printed in conjunction with these hearings in  
19 the House, there is a strong possibility I may  
20 have read it. But as I say, I have read so many  
21 volumes of congressional testimony that it's  
22 impossible for me to say precisely if I have read  
23 this.

24 Q. Do you recall that in 1994 various  
25 representatives from various tobacco companies

1 testified before Congress?

2 A. Yes, I'm aware of that.

3 Q. And do you recall hearing or reading  
4 that various tobacco companies at that time took  
5 the public position that cigarette smoking was  
6 not an addiction?

7 A. Yes, I do recall that.

8 Q. Do you recall that the testimony of  
9 those tobacco company executives received media  
10 coverage?

11 A. Yes, it did.

12 Q. Do you recall that it appeared on  
13 the evening news, national news?

14 A. I do recall that, yes.

15 Q. Is it your testimony that the  
16 testimony of the executives before Congress to  
17 the effect that cigarette smoking is not  
18 addictive did not affect or impact popular  
19 awareness regarding the addictive nature of  
20 cigarette smoking?

21 A. I have no knowledge of that. I mean, that  
22 calls for a conclusion on my part that I would  
23 not make. I don't know how I would -- how I  
24 would draw that conclusion, on what basis would I  
25 draw that.

1 Q. Well, your testimony previously has  
2 been that media coverage to the effect that  
3 cigarette smoking is harmful for you impacts  
4 popular or public awareness.

5 A. Correct.

6 Q. Would not the converse also be true,  
7 that media attention or public statements saying  
8 that cigarette smoking is not addictive would  
9 also impact on public awareness regarding the  
10 addictive nature of cigarette smoking?

11 A. I'm certain that people must have read  
12 those statements and evaluated it and appraised  
13 it and made some assessment about it, if that's  
14 what you mean. I mean, to the effect that it did  
15 have -- people were no doubt aware of it,  
16 certainly.

17 Q. So in other words your testimony is  
18 that some people saw the news broadcast of  
19 tobacco executives testifying in Congress saying  
20 that cigarette smoking is not addictive, and  
21 after seeing that arrived at the conclusion that  
22 cigarette smoking isn't addictive?

23 MR. PURVIS: I object to form.

24 THE WITNESS: I suspect they  
25 considered the source and probably were highly

1 skeptical of anything that was said by the  
2 tobacco executives.

3 BY MR. LEFKOWITZ:

4 Q. But that would depend on an  
5 individual's thought processes, right?

6 A. No, I think it would also be a part of  
7 what I would call the common understanding or the  
8 common cultural reputation that attaches these  
9 days to the tobacco industry.

10 Q. So, in other words you're saying  
11 that right now the public understanding or the  
12 public awareness regarding what tobacco companies  
13 have to say is they're a bunch of liars?

14 MR. PURVIS: I object to the form.

15 THE WITNESS: I would say that their  
16 credibility is not of the highest.

17 BY MR. LEFKOWITZ:

18 Q. Is it the role of historians to  
19 attest the credibility of other individuals?

20 A. That's a very general -- that's a very  
21 general statement. Could you give me a  
22 specific --

23 Q. Well --

24 A. -- a specific illustration?

25 Q. Sure. The tobacco companies have

1 publicly taken the position and some of their  
2 executives have testified under oath --

3 A. Yes.

4 Q. -- that cigarette smoking is not  
5 addictive. Right? We know that.

6 A. That's their opinion, yes.

7 Q. You're saying that in your opinion  
8 people don't believe that because they consider  
9 the source?

10 A. I think that's highly probable. I think  
11 had they said it was addictive, it would not have  
12 changed one scintilla of public understanding or  
13 public awareness. It would similarly have  
14 reinforced what people already believe.

15 Q. What's your basis for saying that?

16 A. Some of the depositions in fact of your  
17 plaintiffs, I believe there is one woman who  
18 testified concerning the warning labels in 1966  
19 or '69 who was asked very directly, did those  
20 labels in any way affect your understanding about  
21 health, and she said, not in the least, it told  
22 me exactly what I already knew.

23 Q. That's not really my question.

24 A. I know it's not. I was trying to give a  
25 full answer to your question.



1 Q. Why in your opinion are the tobacco  
2 companies not believed by the public?

3 A. I believe there is a sense that their  
4 statements may be self-serving, in the sense that  
5 they are not -- they are not as objective, say,  
6 as statements that might be made by physicians or  
7 public health officials or others because of  
8 their pecuniary interests in this activity.

9 Q. Is it your opinion that there is a  
10 public awareness that the cigarette companies  
11 have concealed information regarding the  
12 addictive nature or health related risks  
13 associated with cigarette smoking?

14 MR. PURVIS: I object to the form.

15 THE WITNESS: What do you mean by  
16 "concealed"?

17 BY MR. LEFKOWITZ:

18 Q. Not provide or be forthcoming with  
19 all of the information that they have suggesting  
20 or indicating that cigarette smoking is either  
21 addictive or carries certain health risks.

22 A. And what is the question then?

23 Q. Is it your opinion that there is a  
24 public awareness that the cigarette companies  
25 have concealed or withheld information from the

1 public suggesting or indicating that cigarette  
2 smoking is either addictive or carries certain  
3 health related risks?

4 MR. PURVIS: I object to the form.

5 THE WITNESS: I believe there may be  
6 public awareness out there that the cigarette  
7 companies have certain documents bearing upon  
8 those issues, yes. Yes. If that's what you  
9 mean, that these internal company documents --

10 BY MR. LEBKOWITZ:

11 Q. Well, Professor, you've testified  
12 about public awareness.

13 A. Yes.

14 Q. So I want to ask you whether or  
15 not -- strike that. If the tobacco companies  
16 have information that suggests that cigarette  
17 smoking is addictive or has various or creates  
18 various health related problems, but did not  
19 disclose that information, the fact of that  
20 nondisclosure would impact on public awareness,  
21 wouldn't it?

22 A. In some fashion, certainly, yes.

23 Q. In fact information that the tobacco  
24 companies had to the effect that cigarette  
25 smoking was either addictive or created certain

1 health related risks but concealed or did not  
2 release into the public domain created a  
3 controversy, did it not?

4 A. It may have. I think the answer to your  
5 question is that it would have reinforced,  
6 reconfirmed the beliefs that were in the public  
7 domain.

8 And while it may have stirred  
9 controversy, I think that the weight of opinion,  
10 the weight of common opinion, of common  
11 understanding, was certainly on the side of those  
12 who are arguing concerning the health hazards of  
13 cigarettes and the fact that it was a very  
14 difficult habit to break.

15 Q. Is there a public awareness in your  
16 opinion that the cigarette companies have not  
17 been forthcoming with information regarding the  
18 addictive nature of smoking or the risks  
19 associated with smoking?

20 MR. PURVIS: I object to the form.

21 THE WITNESS: You know, I haven't  
22 really researched that particular issue about  
23 whether there is broad public awareness about the  
24 issues you're referring to, concealment of  
25 documents.

1                   So it's really an area that I  
2   haven't had an opportunity to research. And  
3   therefore I really can't render an opinion on  
4   that. It's been of such recent occurrence.

5 BY MR. LEFKOWITZ:

6           Q.     Let's look at Parrish Exhibit 7 on  
7   page 18. Do you have page 18, Professor?

8   A.     I do, yes.

9           Q.     At the top of the page it reads, "We  
10   categorically reject the claim that cigarettes  
11   are addictive and we know that an objective  
12   review of the facts and science supports our  
13   position."

14          Have you ever read that before?

15   A.     No. I've never read that. At least I  
16   don't recall having read all of it. As I say, I  
17   may have read this in conjunction with my  
18   research into congressional testimony. But I  
19   don't recall specifically that statement.

20          Q.     Did your research disclose that the  
21   statement that I just read from page 18 of  
22   Parrish Exhibit 7 represents the stand or  
23   position of the tobacco companies regarding the  
24   addictive nature of cigarettes?

25   A.     I think it does.

1 Q. Referring to page 18 also, do you  
2 see the sentence which reads, "When each of these  
3 elements is carefully analyzed in an unbiased  
4 manner, it becomes clear that cigarette smoking  
5 is no more addictive than coffee, tea, or  
6 Twinkies."

7 Do you see that?

8 A. Yes.

9 Q. Do you recall that statement  
10 receiving media attention and publicity?

11 A. Not specifically.

12 Q. In connection with your research,  
13 did you examine any videotapes of news  
14 broadcasts?

15 A. Yes, I did.

16 Q. How did you obtain that information?

17 A. Well, we have an archive at UCSD, an  
18 historical archive concerning famous or notorious  
19 television news broadcasts. There is also an  
20 archive that is available to scholars at  
21 Vanderbilt University which is quite extensive.

22 Q. Did you go to Vanderbilt University?

23 A. No.

24 Q. Did you get information from  
25 Vanderbilt?

1 A. I don't recall getting information from  
2 Vanderbilt specifically. But I do have a list of  
3 their catalogue, yes.

4 Q. How many videos did you examine?  
5 When I say "videos," I'm talking about segments,  
6 separate news broadcasts or separate television  
7 talk shows or separate segments on 20/20 or 60  
8 Minutes.

9 A. Yes. It would be hard for me to give you  
10 an exact figure. But certainly in the  
11 neighborhood of maybe a dozen or maybe two dozen.

12 Q. And is it fair to say that each and  
13 every one of those that you examined suggested or  
14 indicated that cigarette smoking was addictive,  
15 harmful, or had various health related risks  
16 associated with it?

17 A. I would say that the overwhelming  
18 conclusion or message of those broadcasts that I  
19 looked at is as you describe, although some of  
20 them contain what you would call a controversy or  
21 debate concerning those very same issues.

22 Q. So some of the videos that you  
23 examined attempted to balance out the  
24 presentation?

25 A. Yes.

1 Q. By giving -- yes?

2 A. Yes.

3 Q. And it's your testimony that an  
4 observer to a video that had a balanced  
5 presentation would conclude that cigarette  
6 smoking was addictive and carried with it various  
7 health related risks?

8 A. Well, if you refer, for example, to the  
9 television reporting and inquiries, say, in the  
10 early to mid-1950s, for example the famous Edward  
11 R. Murrow broadcast, there was far more debate  
12 and controversy at that point than certainly by  
13 the mid-1960s.  
14 I would say that 1964, with the  
15 Surgeon General's report, is a watershed in terms  
16 of television coverage moving in a very, very  
17 negative and condemnatory direction with respect  
18 to the weight of the evidence with regard to the  
19 health hazards of cigarettes.

20 Q. In connection with your engagement,  
21 did you review statements made by Senator Reed  
22 Smoot?

23 A. Yes, I read Senator Smoot's proposed  
24 legislation and his testimony in the  
25 congressional report.

1 MR. LEFKOWITZ: Let's mark this as  
2 Parrish Exhibit 8.

3 (Parrish Deposition Exhibit Number 8  
4 was marked for identification.)

5 BY MR. LEFKOWITZ:

6 Q. You have before you Parrish Exhibit  
7 8 is. This the statement in the Congressional  
8 Record from Senator Reed Smoot that you were  
9 referring to?

10 A. I have to take a moment to review it. It  
11 appears to be a copy of the Congressional Record,  
12 yes, with Senator Smoot's statement concerning  
13 his proposed legislation.

14 Q. Referring to the first page, or  
15 actually the page that is marked page 3, at the  
16 bottom of the page there is a paragraph as  
17 follows, and I quote.

18 "Whatever may be said of the  
19 moderate indulgence in the use of tobacco, it is  
20 clear that the issue raised before the country in  
21 some of the current cigarette campaigns is the  
22 issue raised by urging excessive cigarette  
23 smoking by flaunting appeals to the youth of our  
24 country, by misrepresenting established medical  
25 and health findings in order to encourage



1 cigarette addiction."

2 Did you examine that particular  
3 paragraph in connection with your engagement?

4 A. I certainly read it, if that's what you  
5 mean.

6 Q. In connection with your engagement,  
7 did you undertake any further investigation into  
8 the allegation made by Senator Smoot that the  
9 tobacco companies misrepresented established  
10 medical and health findings in order to encourage  
11 cigarette addiction?

12 A. No, I didn't undertake that research.

13 Q. Did your research disclose that in  
14 the 1920s and '30s, that the cigarette companies  
15 promoted cigarette smoking through the use of  
16 testimonials from professional athletes and  
17 actors and actresses?

18 A. I'm probably aware of that from my general  
19 secondary reading, but I don't recall  
20 specifically having looked at examples that  
21 you're referring to.

22 Q. In connection with your engagement  
23 did you look at any cigarette advertising that  
24 encouraged cigarette smoking?

25 MR. PURVIS: I object to the form.

1 MR. LEFKOWITZ: What's wrong with  
2 the question?

3 MR. PURVIS: Vague.

4 MR. LEFKOWITZ: Can we have the  
5 question read back?

6 (The record was read as requested.)

7 THE WITNESS: Well, that calls I  
8 guess for a conclusion on my part. Certainly in  
9 the course of my historical research I read a lot  
10 of magazines and periodicals that contain  
11 cigarette advertising going back many, many  
12 years. But you asked me for a conclusion about  
13 whether that advertisement encourages smoking.  
14 And I guess I don't feel I'm really  
15 competent to make that judgment. There is a lot  
16 of research on that topic.

17 BY MR. LEFKOWITZ:

18 Q. Did you see any cigarette  
19 advertising that discouraged cigarette smoking?

20 A. Yes, I've seen a lot of that in  
21 anti-cigarette publications in the 1920s and  
22 1930s and in high school textbooks.

23 MR. LEFKOWITZ: Can I have the  
24 question read back, please?

25 (The record was read as requested.)

1 BY MR. LEFKOWITZ:

2 Q. Could you answer my question,  
3 Professor?

4 A. Yes, I have.

5 MR. PURVIS: I object to the  
6 commentary.

7 BY MR. LEFKOWITZ:

8 Q. Would you answer my question?

9 MR. PURVIS: Argumentative.

10 THE WITNESS: Would you restate the  
11 question for me?

12 BY MR. LEFKOWITZ:

13 Q. Sure. Have you seen any cigarette  
14 advertising that discourages cigarette smoking?

15 A. Oh, I see. I'm sorry. I misunderstood  
16 your question. I don't recall having seen such  
17 advertising.

18 MR. LEFKOWITZ: Off the record.

19 THE VIDEOGRAPHER: We're going off  
20 the record. The time is 11:37 a.m.

21 (Discussion off the record.)

22 THE VIDEOGRAPHER: We are back on  
23 the record. The time is 11:39 a.m.

24 BY MR. LEFKOWITZ:

25 Q. As an historian, Professor, you're

1 obviously familiar with the Kennedy  
2 assassination, correct?

3 A. I've read some materials about it, yes.

4 Q. And you are aware that the Warren  
5 Commission issued a report indicating that there  
6 was a single gunman, that the single gunman was  
7 Lee Harvey Oswald, right?

8 A. I do recall that, yes.

9 Q. Is the Warren Commission report in  
10 your opinion authoritative?

11 A. You're asking for my professional opinion  
12 as an historian?

13 Q. Yes, sir.

14 A. I think the Warren report is essentially  
15 the correct version of the assassination, yes.

16 Q. Is the Warren Commission report  
17 reliable?

18 A. Well, in what respect? I mean, as you  
19 know, it's a voluminous document, and it draws a  
20 lot of conclusions about a wide range of events  
21 associated with the Kennedy assassination. On  
22 what essential --

23 Q. Are there any portions of the Warren  
24 Commission report that you would consider as an  
25 historian to be unreliable?

1 A. Isn't this rather far afield from what  
2 we're --

3 Q. No.

4 A. -- examining here?

5 MR. McCONNELL: Well, yes, it is,  
6 but you can answer the question anyway.

7 THE WITNESS: Well, in my opinion I  
8 think that they may have miscalculated the timing  
9 of the shots by Lee Harvey Oswald, and that this  
10 may have led them to draw certain conclusions  
11 that I think do not necessarily stand up, but do  
12 not necessarily undermine the basic conclusion of  
13 the reports.

14 BY MR. LEFKOWITZ:

15 Q. You are aware, are you not, that  
16 there are a variety of conspiracy theories about  
17 President Kennedy's assassination?

18 A. There certainly are, yes.

19 Q. And you're also aware there are a  
20 variety of theories held by various individuals  
21 suggesting that the Warren Commission report is  
22 erroneous?

23 A. There are such opinions, yes.

24 Q. Do you agree with me there are  
25 various historians that would agree that the

1 Warren Commission report is erroneous?

2 A. Yes.

3 Q. Are you familiar with articles or  
4 books criticizing the Warren Commission report?

5 A. Oh, yes.

6 Q. And are you familiar with articles  
7 or books suggesting that the Warren Commission  
8 report is wrong?

9 A. Yes.

10 Q. What in your opinion was the popular  
11 awareness regarding who assassinated President  
12 Kennedy after the issuance of the Warren  
13 Commission report?

14 A. I think it was still very much a contested  
15 historical and popular terrain. I think it  
16 remains to some extent contested to this very  
17 day.

18 Q. What was the popular awareness  
19 regarding who assassinated President Kennedy  
20 after the movie JFK?

21 MR. McCONNELL: I'll object. This  
22 is clearly outside the area of the witness's  
23 stated expertise.

24 THE WITNESS: Do I have to answer  
25 this question?

1 BY MR. LEFKOWITZ:

2 Q. Yes.

3 MR. PURVIS: As best you can.

4 THE WITNESS: As best I can. I  
5 would say it remained an area of highly contested  
6 debate and argument even in the wake of Oliver  
7 Stone's motion picture.

8 BY MR. LEFKOWITZ:

9 Q. In your opinion did the movie JFK  
10 affect popular awareness regarding who  
11 assassinated President Kennedy?

12 A. I think it reignited and reinforced  
13 certain opinions that were held, certain opinions  
14 that were held in the popular and common  
15 understanding on both sides.

16 Q. So in other words your testimony is  
17 that the movie JFK did affect popular awareness  
18 regarding who assassinated President Kennedy?

19 MR. PURVIS: I object to the form.

20 THE WITNESS: Well, I believe it  
21 reinforced a set of beliefs about the  
22 assassination. It basically was a recapitulation  
23 of interpretations that many people had since  
24 1963 or '64.

25 BY MR. LEFKOWITZ:

1 Q. Well, when something reinforces, it  
2 also affects, does it not?

3 A. That's correct, yes.

4 Q. So if something reinforced public  
5 awareness it also affected or impacted public  
6 awareness, true?

7 A. Yes, that's true.

8 Q. So would you agree with me that the  
9 movie JFK affected public or popular awareness  
10 regarding who assassinated President Kennedy?

11 A. Yes, it did that, and, as I say, it  
12 reinforced interpretations and opinions about the  
13 assassination that had been present certainly  
14 since Mark Lane wrote his book, and also  
15 Professor Popkin, who wrote a book called The  
16 Second Oswald.

17 Q. Are you aware of allegations that  
18 the Warren Commission concealed, misrepresented,  
19 failed to disclose or manipulated facts?

20 A. You know, I'm not really an expert on the  
21 historiography or the history of the Warren  
22 Commission. And so I'm afraid I would give you  
23 an uninformed answer on that point. I'm not  
24 deeply acquainted with that historiography.

25 Q. Are you aware of allegations that



1 have been made that the Warren Commission  
2 concealed, misrepresented, failed to disclose or  
3 manipulated facts?

4 A. I am not aware of that. I am aware of  
5 allegations that the Federal Bureau of  
6 Investigation and the Central Intelligence Agency  
7 did not provide Warren Commission investigators  
8 with everything within their knowledge.

9 I am not aware that the Warren  
10 Commission itself, as you say, whatever,  
11 concealed or hid. I know that certain things  
12 were not made public.

13 Q. If in fact the FBI or CIA concealed  
14 information from the Warren Commission, that  
15 impacted or affected the Warren Commission  
16 report. Fair statement?

17 A. Again, I'm out of my depth here, because  
18 this is not an area that -- I am not deeply  
19 acquainted with all of the literature surrounding  
20 this.

21 But the acquaintance that I do have  
22 suggests to me that the extent to which, say, the  
23 FBI was not forthcoming in the conclusion of  
24 many -- a great many scholars did not affect the  
25 final conclusion concerning Mr. Oswald and the

1       assassination.

2               Q.       Are you familiar with circumstances  
3       where the government or private industry has  
4       attempted to shape, affect or manipulate popular  
5       awareness?

6       A.       Very broad question. I mean, you're  
7       referring to the United States Government, or the  
8       government of Nazi Germany, or --

9               Q.       United States Government.

10      A.       Would you rephrase the question to me?

11      Q.       Sure. Are you familiar with  
12      circumstances where the United States Government  
13      has attempted to shape, affect or manipulate  
14      popular awareness?

15              MR. PURVIS: I object to the form.

16              THE WITNESS: The United States  
17      Government, as you are aware, is a very broad and  
18      diverse entity. It includes the President, it  
19      includes the Congress, the Judicial Branch.

20      Could you be more specific about who is doing  
21      this or --

22              BY MR. LEFKOWITZ:

23              Q.       No. Can you answer my question?

24      A.       It is so broad, I'm afraid, sir, that I  
25      simply can't get a handle on it.

1 Q. Fair statement. Let's give you an  
2 example, okay?

3 A. Sure.

4 Q. During the Vietnam War, each week on  
5 the evening news there were body counts of North  
6 Vietnamese or Viet Cong soldiers that represented  
7 casualties, right? And those were referred to as  
8 body counts, right?

9 A. I do have recollection of that, yes.

10 Q. Would you agree with me that as of  
11 today we know that the body counts that we saw  
12 back in the mid-'60s were false?

13 MR. PURVIS: I object to the form.

14 THE WITNESS: There are a number of  
15 scholars who I believe have alleged that in their  
16 studies about the history of the Vietnam War,  
17 yes.

18 BY MR. LEFKOWITZ:

19 Q. Do you happen to agree that the body  
20 counts that we saw on the evening news in the  
21 1960s were overstated?

22 A. I'm afraid I have to say again that while  
23 I consider myself a fairly competent and able  
24 historian of 20th century America, that I'm not  
25 that familiar with the literature concerning the

1 Vietnam War, and especially concerning military  
2 body counts in the Vietnam War.

3 I'm afraid I couldn't give you an  
4 informed answer on that.

5 Q. Well, you've heard allegations that  
6 body counts were inflated.

7 A. I've heard those allegations made by  
8 historians of the Vietnam War, yes.

9 Q. And if in fact the body counts were  
10 inflated, that would be a manipulation of facts.  
11 Fair statement?

12 A. There would be those allegations, yes,  
13 that they were not true and accurate. Yes.

14 Q. The historians that you've read  
15 about that subscribed to the theory that the body  
16 counts -- strike that.

17 You have no independent or have  
18 conducted no independent research or within your  
19 course and scope of teaching as a professor in  
20 the area of history have no actual knowledge  
21 regarding allegations respecting the inflation of  
22 body counts, is that your testimony?

23 MR. PURVIS: I object to the form.

24 THE WITNESS: I have read, you know,  
25 a number of general histories of the Vietnam War,

1 not the most recent scholarship in that, which I  
2 know does make those allegations. I'm aware of  
3 the allegations, yes. I just have no way of  
4 asserting a firm opinion one way or the other  
5 about the accuracy of those.

6 BY MR. LEFKOWITZ:

7 Q. Are you aware of allegations that  
8 American servicemen serving in Saudi Arabia and  
9 Kuwait during the Gulf War were exposed to  
10 chemical or biological agents?

11 A. I have read about that in the papers, yes.

12 Q. Has your awareness regarding their  
13 exposure to chemical or biological agents changed  
14 in the last six years?

15 A. I haven't followed -- I haven't followed  
16 that particular debate very closely. I know it  
17 is a contested piece of ground.

18 Q. Well, in 1991 or 1992, did you ever  
19 read anything that indicated that American  
20 servicemen serving in the Gulf War had been  
21 exposed to chemical or biological agents?

22 MR. McCONNELL: Objection. Outside  
23 the scope of proffered expertise.

24 THE WITNESS: I may have read an  
25 article or so. I don't recall.

1 BY MR. LEFKOWITZ:

2 Q. As the years have passed, have the  
3 articles suggesting that American servicemen  
4 serving during the Gulf War were in fact exposed  
5 to chemical or biological agents increased?

6 A. As I've tried to say, I have, as other  
7 readers, generally read such articles in the  
8 paper in the last year or so. My impression or  
9 my recollection having read those articles is  
10 that it is a contested area in terms of that  
11 issue. That's my best recollection of what the  
12 newspaper accounts have said.

13 MR. LEFKOWITZ: Why don't we take  
14 your break.

15 THE VIDEOGRAPHER: This marks the  
16 end of videotape number 1, volume number 1 in the  
17 deposition of Professor Parrish. We're going off  
18 the record. The time is 11:52 a.m.

19 (Whereupon, at 11:52 a.m., a lunch  
20 recess was taken.)

21  
22  
23  
24  
25

## AFTERNOON SESSION

(12:50 p.m.)

THE VIDEOGRAPHER: This marks the beginning of videotape number 2, volume number 1 in the deposition of Professor Parrish. We're back on the record. The time is 12:50 p.m.

BY MR. LEFKOWITZ:

Q. Professor Parrish, this morning we were talking about public awareness, correct?

A. Yes, we were.

Q. And your opinion with respect to public awareness is derived from your review of various newspapers, periodicals, and other materials that you told us about this morning, right?

MR. McCONNELL: I object to form.

THE WITNESS: That's correct. Also public opinion polls, for example. Yes.

BY MR. LEFKOWITZ:

Q. Your opinion with respect to public awareness is derived from your examination of the materials set forth in paragraph 2 of Parrish Exhibit 3?

A. Paragraph number 2 -- yes, that would -- that's accurate. Yes.

1 Q. Now, one of the things we have not  
2 done, Professor Parrish, is defined "public" from  
3 the standpoint of an age group. When you used  
4 the term "public" or "popular" in connection with  
5 your opinion, what specific age group did you  
6 have in mind as being included within the  
7 definition of "public" or "popular"?

8 A. Well, the research I have done has covered  
9 a wide spectrum with respect to age. For  
10 example, I have studied and reviewed school  
11 textbooks which would be appropriate for children  
12 of a certain age.

13 I've also read publications that  
14 would be more appropriate for what you would call  
15 the elderly or the geriatric set; health  
16 magazines that are directed, for example, at the  
17 older population.

18 And I would assume that newspapers  
19 and magazines are read by a fairly broad age  
20 spectrum.

21 Q. Well, what age group did you opine  
22 had public awareness regarding the addictive  
23 nature of cigarette smoking or the health related  
24 risks associated with cigarette smoking?

25 A. I think I opined or concluded that across



1 age groups, whether one is speaking about  
2 elementary or secondary school children or  
3 whether one is speaking about middle-aged adults  
4 or the elderly, that there was an abundance of  
5 information out there concerning the health  
6 dangers of smoking.

7 Q. You'll agree with me, will you not,  
8 Professor, that the older one gets, the more he  
9 is exposed to from the standpoint of an  
10 informational standpoint; right?

11 MR. PURVIS: I object to form.

12 THE WITNESS: I suppose, as you  
13 often say, it would vary from person to person.  
14 I mean, I m...

15 BY MR. LERKOWITZ:

16 Q. You wouldn't expect a 14-year-old to  
17 read the New York Times, would you?

18 A. No, I would not.

19 Q. And you did not assume for the  
20 purposes of offering your opinion that a  
21 14-year-old did read the New York Times, right?

22 A. No. But a 14-year-old might read a local  
23 newspaper. I know my 14-year-old reads the San  
24 Diego Union rather assiduously.

25 Q. Would you agree that popular

51973 1717

1 awareness is affected when something short of a  
2 full, accurate or complete set of facts are  
3 disclosed, shared, or provided to the public?

4 A. It's too general -- it's too general a  
5 question. Could you be specific about a  
6 particular instance or an example you might  
7 provide?

8 Q. You can't answer my general  
9 question?

10 A. It's awfully general, I'm afraid. I mean,  
11 it calls for sort of a global -- a global  
12 conclusion on my part about a very broad  
13 statement.

14 Q. Well, if the public is not given all  
15 of the information with respect to a particular  
16 subject, would the nondisclosure of certain key  
17 information logically affect popular or public  
18 awareness?

19 A. It might.

20 Q. In your own experience, has your own  
21 awareness changed regarding an historical event?

22 A. You mean has my opinion or my  
23 interpretation about a particular event --

24 Q. Changed?

25 A. -- been changed?

1 Q. Yes.

2 A. Yes, I suspect it has been. Yes.

3 Q. Can you give me an example or an  
4 instance?

5 A. Well, I think that probably my opinion or  
6 assessment, say, of President John Kennedy  
7 probably has been altered from the time when I  
8 was, say, in my late teens, my early 20s, to the  
9 time of today. I would say that it has been  
10 altered, yes, as a result.

11 Q. How has it been altered?

12 A. As a result of reading, research, and  
13 other materials about the Kennedy administration  
14 between 1961 and 1963.

15 Q. What was your opinion then and what  
16 is your opinion now?

17 A. With respect to what particular issue  
18 about the Kennedy years are you referring to?

19 Q. Well, the question I asked you was,  
20 in your own experience, has your own awareness  
21 regarding an historical event changed?

22 A. Yes. And I did cite the example for you  
23 of my opinion or my interpretation, say, of the  
24 Kennedy administration. Yes.

25 Q. Right. How did it change?

1 A. Well, with regard to a specific issue with  
2 regard to the Kennedy administration?

3 Q. With regard to what you just told us  
4 about. You indicated in response to my question  
5 that, yes, in your own experience your awareness  
6 with respect to historical -- that it had  
7 changed, and you referred to the Kennedy  
8 administration.

9 And I'm trying to explore further  
10 and find out what your opinion was and what it is  
11 now and how it changed and why it changed.

12 A. Yes, I understand. I would say that with  
13 respect to the Kennedy administration's posture  
14 toward civil rights with respect to its  
15 relationships with Dr. King and relationships to  
16 the civil rights movement in the south, that the  
17 views that I previously held, I have modified  
18 those in certain ways. Yes.

19 Q. What were the views that you  
20 previously had?

21 A. I think -- if I can recall, and of course  
22 I'm recalling a period at least 30 years ago or  
23 so, I think I viewed the Kennedy administration  
24 as being more supportive of civil rights than in  
25 fact the record may now tend to indicate the

1 President and his brother happened to be.

2 Q. And what caused you to change your  
3 own opinion in that regard?

4 A. Other pieces of research by other  
5 historians.

6 Q. Any other historical events within  
7 your own experience -- strike that. Has your own  
8 awareness with respect to an historical event  
9 changed over a period of time?

10 A. Yes.

11 Q. What other event?

12 A. Oh, gosh.

13 Q. Are there lots of them?

14 A. I wouldn't say lots, but there are some,  
15 yes.

16 Q. Why don't you give us some examples.

17 A. Well, again, I mean -- you know, I must  
18 say this seems to be straying rather far from the  
19 topic of public awareness concerning the health  
20 hazards of smoking in Pennsylvania. But I'll  
21 continue.

22 I suspect on the issue of the  
23 question of the relationship of the atomic bomb  
24 to the end of the Second World War and the  
25 beginnings of the Cold War, I suspect that my

1 views have been changed there somewhat in the  
2 last ten to 20 years.

3 Q. What were your views and how have  
4 they changed?

5 A. Well, I think at one point I was inclined  
6 to see, for example, the bomb as having been a  
7 decisive -- a decisive ingredient in terms of the  
8 end of the war and also to some extent to see it  
9 as having a relationship more to the war itself  
10 than, say, to the Cold War that followed with  
11 regard to Soviet/American issues.

12 Q. And what caused you to change your  
13 opinion in that regard?

14 A. Additional research done by American and  
15 by Japanese scholars about the impact of the bomb  
16 on Japan.

17 Q. If tobacco companies did not  
18 disclose or share with the American public all of  
19 the information they had regarding the impact of  
20 smoking cigarettes on an individual's health,  
21 would you agree that the nondisclosure or  
22 concealment of that information affected popular  
23 awareness of the impact of cigarette smoking on  
24 an individual's health?

25 MR. PURVIS: I object to form.

51913 1722

1 THE WITNESS: Well, I think I've  
2 tried to answer that in the past, that I  
3 believe -- and I'm not familiar with all of  
4 this -- all this information and these documents  
5 that you're referring to.

6 It's my sense from what I have read  
7 in the papers concerning those documents that  
8 they would have largely reinforced and  
9 reconfirmed popular opinions about the  
10 dangerousness of lighting up a cigarette, and  
11 about the addictiveness of doing that.

12 BY MR. LEFKOWITZ:

13 Q. So you have no opinion with respect  
14 to the impact of the nondisclosure of that type  
15 of information?

16 MR. PURVIS: I object to the form.

17 THE WITNESS: In order to do that, I  
18 would have to know what specific documents or  
19 bits of information you're referring to whose  
20 disclosure would have made some impact.

21 I mean, you're speaking so generally  
22 about documents or about the disclosure of this  
23 or that, but it's so vague that I really couldn't  
24 make an assessment about whether it might have  
25 changed, you know, attitudes or not.

1 BY MR. LEFKOWITZ:

2 Q. So you can't answer my question  
3 unless you see the documents that were -- or  
4 information that was concealed or not disclosed?

5 MR. PURVIS: I object to the form.

6 THE WITNESS: I would say yes, I  
7 mean, in the sense that historians' conclusions  
8 may draw inferences based upon their study of  
9 documents by and large, and that without those  
10 documents it's extremely hard to make a judgment  
11 about it.

12 MR. LEFKOWITZ: This will be Parrish  
13 9.  
14 (Parrish Deposition Exhibit Number 9  
15 was marked for identification.)

16 BY MR. LEFKOWITZ:

17 Q. Professor, you have before you  
18 Parrish Deposition Exhibit 9?

19 A. Yes, I do.

20 Q. And it is a Frank Statement To  
21 Cigarette Smokers?

22 A. Mm-hmm.

23 Q. And that's the same Frank Statement  
24 that you referred to earlier in your testimony  
25 when I was asking you about cigarette advertising



1 and statements made by the tobacco industry which  
2 were part of the common knowledge that you  
3 referred to in your expert report?

4 A. Yes.

5 Q. This was a statement that was issued  
6 by the Tobacco Industry Research Committee.

7 A. As far as I know.

8 Q. Did you conduct any research into  
9 the Tobacco Industry Research Committee?

10 A. No. Not into documents or into primary  
11 materials. I no doubt read some secondary  
12 literature concerning it.

13 Q. Do you know who comprised the  
14 Tobacco Industry Research Committee?

15 A. No. I probably couldn't give you the  
16 names.

17 Q. Do you know why the Tobacco Industry  
18 Research Committee was formed?

19 A. Oh, yes. I mean, I have I guess an  
20 historian's interpretation or assessment of that,  
21 yes.

22 Q. What is your interpretation or  
23 assessment?

24 A. I would say that the industry was rather  
25 frightened and alarmed by a lot of the research

1 that was gathering momentum in the late 1940s,  
2 early 1950s, concerning the medical evidence  
3 linking smoking to lung cancer, and that this  
4 statement was in fact -- it indicates a  
5 considerable concern on the part of the industry  
6 that they were not in the highest affection with  
7 the public with respect to that issue.

8 Q. Do you know why the Tobacco Industry  
9 Research Committee was formed?

10 MR. McCONNELL: Objection. Asked  
11 and answered.

12 MR. LEFKOWITZ: He didn't answer it.

13 MR. McCONNELL: Yes, he did.

14 THE WITNESS: I suspect there were  
15 many reasons why it was formed. I have not  
16 studied that. I mean, I have not looked at those  
17 documents or studied the internal history of that  
18 particular institution.

19 BY MR. LEFKOWITZ:

20 Q. The Frank Statement states in part  
21 that there is no proof that cigarette smoking is  
22 one of the causes of lung cancer. Is that true?

23 A. Are you asking for my personal opinion  
24 or --

25 Q. I'm asking you is that what it says.

1 A. Where is that in the document?

2 Q. If we take a look at paragraphs 1, 2  
3 and 3.

4 A. Okay. I see there is no agreement among  
5 authorities regarding what the cause is.

6 Q. And number 3. "There is no proof  
7 that cigarette smoking is one of the causes,"  
8 right?

9 A. That's what it says, yes.

10 Q. Would you agree the message the  
11 Frank Statement is sending to the public is that  
12 there is no proof that cigarette smoking is one  
13 of the causes of lung cancer?

14 A. That was their conclusion when they  
15 published that, yes.

16 Q. And also the Frank Statement says  
17 "We believe the products we make are not  
18 injurious to health"?

19 A. That was their opinion, yes.

20 Q. And you think that this exhibit  
21 constitutes cigarette advertising and statements  
22 made by the tobacco industry reinforcing the  
23 common knowledge that cigarette smoking can be  
24 addictive and that there are potential risks  
25 associated with smoking?

1 A. Let me say that I think people who read  
2 this statement, who for example may not have been  
3 aware of the research, say, done by Wynder &  
4 Graham or even the studies done for the American  
5 Cancer Society, that this statement would have  
6 alerted them to those kinds of negative studies  
7 which had come before this statement; in other  
8 words, that this would have been a red flag to  
9 people saying, my gosh, why are the cigarette  
10 companies publishing this? There must be  
11 something wrong with -- you know, with smoking.

12 That's how documents have to be  
13 read in their historical and cultural and social  
14 context. Why was this published in 1954? It was  
15 within a context of a growing body of literature  
16 about the dangerousness of smoking.

17 Q. Do you think the American public  
18 thinks that way, Professor?

19 MR. PURVIS: I object to the form.

20 THE WITNESS: I haven't -- I haven't  
21 looked into that issue. I'm just trying to  
22 interpret for you how I would interpret this  
23 document in the context of its time.

24 BY MR. LEFKOWITZ:

25 Q. I understand. In 1954, Professor,

1 there were various studies and various media  
2 reports suggesting that smoking caused lung  
3 cancer, caused various other health problems,  
4 right?

5 A. Correct. Yes.

6 Q. The cigarette industry via the  
7 Tobacco Industry Research Committee issued the  
8 Frank Statement basically saying what the other  
9 side says isn't true, right?

10 A. Yes.

11 Q. So as of this point in time there's  
12 two separate thoughts being exposed to the  
13 American public.

14 A. Correct.

15 Q. One saying cigarette smoking is bad  
16 for you, one from the tobacco industry saying  
17 there's no evidence that cigarette smoking is bad  
18 for you. Fair statement?

19 A. Yes.

20 Q. Do you know, professor --

21 MR. LEFKOWITZ: Let's go off the  
22 record a second.

23 THE VIDEOGRAPHER: We're going off  
24 the record. The time is 1:10 p.m.

25 (Discussion off the record.)

51973 1729

1 THE VIDEOGRAPHER: We are back on  
2 the record. The time is 1:11 p.m.

3 BY MR. LEFKOWITZ:

4 Q. Professor, I'm holding a book called  
5 The Cigarette Papers which was authored by some  
6 people, Stanton A. Glanz, G-L-A-N-Z, John Slade,  
7 Lisa Bero, B-E-R-O, Peter Hanaurer,  
8 H-A-N-A-U-R-E-R, and Deborah Barnes. Do you know  
9 any of those people?

10 A. No.

11 Q. Do you know that Stanton Glanz is a  
12 professor at the University of California San  
13 Francisco?

14 A. I think I've read that, yes.

15 Q. Have you ever read this book?

16 A. Not cover to cover. I'm thumbed through  
17 it.

18 Q. You've read parts of this?

19 A. I've glanced through it, yes.

20 Q. When did you do that?

21 A. I think shortly after I tuned in on the  
22 Web site that the University of California  
23 operates in conjunction with those very same --  
24 with many of those same documents.

25 Q. Do you know whether or not the

1 University of California receives any grants or  
2 any monies from any company within the tobacco  
3 industry?

4 A. I honestly don't know.

5 Q. I'm going to hand you this book,  
6 Professor. And I would like to read you some  
7 excerpts and see if you agree or disagree with  
8 some of the statements. Okay?

9 A. Okay. These are from documents in this  
10 book?

11 Q. Well, they're statements, and you  
12 can either agree or disagree, or you can say you  
13 have no opinion.

14 A. Okay. Sure.

15 Q. Let's look at page 2.

16 A. All right.

17 Q. The third paragraph I'm going to  
18 read as follows. "The tobacco industry has used  
19 three primary arguments to prevent government  
20 regulation of its products and to defend itself  
21 in products liability lawsuits. First, tobacco  
22 companies have consistently claimed that there is  
23 no conclusive proof that smoking causes diseases  
24 such as cancer and heart disease.

25 "Second, tobacco companies have

1 claimed that smoking is not addictive and that  
2 anyone who smokes makes a free choice to do so.  
3 And finally, tobacco companies have claimed that  
4 they are committed to determining the scientific  
5 truth about the health effects of tobacco, both  
6 by conducting internal research and by funding  
7 external research."

8 Now, Professor, in the course of  
9 performing your engagement, did you read anything  
10 or research the matter that I just read to you?

11 MR. PURVIS: I object to the form.

12 THE WITNESS: Concerning the  
13 behavior or opinions of the tobacco companies?

14 BY MR. LEFKOWITZ:

15 Q. Yes.

16 A. No. That was not a topic or a research  
17 topic that I was interested in. I wasn't  
18 attempting to write a history of R. J. Reynolds  
19 or of Philip Morris Company.

20 Q. In other words, in the course of  
21 performing your engagement you did not obtain  
22 information that confirmed or refuted the  
23 accuracy of the paragraph that I just read?

24 A. No, I did not systematically look into  
25 company records, company documents. Of course,



1 in the course of my research I encountered  
2 statements, public statements made by the tobacco  
3 companies, yes.

4 Q. On page 3 of the book, the big  
5 paragraph in the middle, there's a sentence,  
6 "These documents," which are referring to  
7 internal documents from the files of Brown &  
8 Williamson, "demonstrate that the tobacco  
9 industry in general and Brown & Williamson in  
10 particular has engaged in deception of the public  
11 for at least 30 years. They show that other  
12 cigarette manufacturers participated in some of  
13 these activities."

14 In the course of performing your  
15 engagement, did you obtain information that  
16 confirmed or refuted the accuracy of that  
17 passage?

18 A. As I said, I have not had an opportunity  
19 to review these documents that you are referring  
20 to in order to make a judgment about that matter.

21 Q. On page 13, I would like to read to  
22 you the following passage.

23 "As will be seen in the following  
24 chapters, for more than 30 years B&W has been  
25 well aware of the addictive nature of cigarettes,

1 and in the course of those years it has also  
2 learned of numerous health dangers of smoking,  
3 yet throughout this period it chose to protect  
4 its business interests instead of the public  
5 health by consistently denying any such knowledge  
6 and by hiding adverse scientific evidence from  
7 the government and the public using a wide  
8 assortment of scientific, legal and political  
9 techniques.

10 "The documents also demonstrate  
11 that B&W's conduct was representative of the  
12 tobacco industry generally."

13 In the course of performing your  
14 engagement, Professor, did you obtain information  
15 that confirmed or refuted the accuracy of that  
16 passage?

17 A. As I've said and I'll repeat again, I have  
18 not studied or evaluated or assessed any of the  
19 documents that this introduction is referring  
20 here to. And therefore I could not make a  
21 judgment about whether in fact that statement is  
22 true.

23 However, I can tell you that in my  
24 judgment, whatever these documents contain, if it  
25 was certainly of a negative matter with respect

1 to the health hazards of smoking or the question  
2 of addiction, it would have in my judgment  
3 reinforced material already within the public  
4 domain.

5 And furthermore, I think if you  
6 review the statements made by the Surgeon General  
7 in 1964, Mr. Luther Terry, I think in the course  
8 of his presentation he in fact noted that some of  
9 the research funded by the tobacco industry had  
10 formed part of the basis for the Surgeon  
11 General's 1964 report.

12 Q. Let's refer to page 26, first  
13 paragraph, which reads as follows: "Part of the  
14 industry's response to the evidence linking  
15 smoking and disease was the formation of the  
16 Tobacco Industry Research Committee, later  
17 renamed the Council for Tobacco Research. The  
18 industry claimed that TIRC was an independent  
19 organization that would determine the truth about  
20 the health effects of smoking by funding  
21 independent scientific research.

22 "The documents show, however, that  
23 TIRC was originally created for public relations  
24 purposes to convince the public that there was a  
25 'controversy' as to whether something is

51973 1735

1 dangerous."

2 In the course of performing your  
3 engagement, Professor, did you obtain information  
4 that confirmed or refuted the accuracy of that  
5 passage?

6 A. I have not conducted such a research. I  
7 have not seen any of these documents relating to  
8 the Council for Tobacco Research or the Tobacco  
9 Industry Research Committee. But I will say  
10 there was a controversy out there in the  
11 scientific community long before the Tobacco  
12 Industry Research Committee was formed.

13 Q. Let's refer to page 46.

14 A. All right.

15 Q. There is the following passage.

16 "Publicly, the industry maintained and continues  
17 to maintain" --

18 A. Excuse me. Where are you reading?

19 Q. At the top of page 46, Professor.

20 "Publicly the industry maintained and continues  
21 to maintain that the primary purpose of TIRC and  
22 CTR has been to fund independent research to  
23 determine whether smoking is truly hazardous to  
24 health. Privately, however, lawyers for B&W  
25 stated that CTR's primary purpose was to allow

1 the tobacco industry to argue that there was a  
2 controversy about tobacco's effects and that more  
3 research was needed to resolve the controversy."

4 In the course of performing your  
5 engagement, did you obtain information that  
6 confirmed or refuted the accuracy of that  
7 passage?

8 A. I have not seen or studied or evaluated  
9 documents that would enable me to conclude one  
10 way or another whether that is a true statement,  
11 beyond saying what I did, that I believe the  
12 Surgeon General in 1964 indicated that some of  
13 the research funded by the tobacco companies had  
14 in fact been very important to the findings of  
15 his advisory committee.

16 Q. Page 58, first paragraph. "The  
17 documents reveal that B&W and BAT had a  
18 sophisticated and scientifically accurate  
19 understanding of nicotine pharmacology, including  
20 an explicit recognition of nicotine's  
21 addictiveness, more than 30 years ago.

22 "By 1963, B&W and BAT scientists and  
23 executives were internally acknowledging that  
24 nicotine is an addictive drug and tobacco  
25 companies are essentially in the business of

51973 1737

1 selling nicotine. Nevertheless, the tobacco  
2 industry has publicly maintained over the years  
3 that nicotine is not addictive and that the  
4 alkaloid merely adds taste and flavor to  
5 tobacco."

6 In the course of performing your  
7 engagement did you obtain information that  
8 confirmed or refuted the accuracy of that  
9 passage, Professor?

10 A. I must say I have not been able or I have  
11 not reviewed these documents by what have been  
12 referred to as BAT scientists or B&W executives  
13 that would enable me to assess the validity of  
14 those documents or their impact or their  
15 consequence on the behavior of either the  
16 corporation or its employees.

17 It has not been on my research  
18 agenda.

19 Q. Let's refer to page 193. Do you  
20 have 193, Professor?

21 A. I do, yes.

22 Q. The first paragraph under the  
23 heading "RJR's projects A and B." "In 1970, the  
24 tobacco industry was actively discussing various  
25 public relations strategies to undermine public

1 awareness of the dangers of smoking."

2 During the course of your research  
3 and in the course of performing your engagement,  
4 did you obtain information that confirmed or  
5 refuted the accuracy of that passage?

6 A. I have never seen or evaluated internal  
7 company documents relating to any such  
8 discussions. But if such documents existed and  
9 if indeed that was the purpose of those  
10 documents I would only say the industry seems to  
11 have failed in a rather dismal fashion in  
12 undermining public awareness concerning the  
13 dangers of smoking.

14 Q. Look at page 319, the paragraph at  
15 the top of the page. "The tobacco industry's  
16 strategy of perpetuating controversy about the  
17 adverse effects of tobacco took place on two  
18 levels. One was to generate controversy among  
19 the late public as discussed above. The other  
20 was to generate controversy amongst scientists.  
21 The controversy amongst scientists could then be  
22 publicized in the lay press."

23 In the course of performing your  
24 engagement did you obtain information that  
25 confirmed or refuted the accuracy of that

1 passage?

2 A. I have not seen any such documents with  
3 respect to the internal strategy or discussions  
4 in the industry. But let me add or let me say  
5 here in this context that the matter of  
6 controversy or of, say, scientists changing their  
7 minds, if you take the case, for example, of  
8 Dr. Ochsner, who was one of the leading figures,  
9 independent figures, by the way, in terms of the  
10 research on lung cancer and cigarette smoking,  
11 Dr. Ochsner reached some conclusions in 1938  
12 which he then in fact retracted I think in the  
13 late '40s, and then changed his mind again on the  
14 basis of research.

15 And so the sense or the belief that  
16 somehow the companies are generating controversy,  
17 at least in the case of Dr. Ochsner and I think a  
18 number of others, is to misconceive the nature of  
19 the scientific enterprise, although I'm not an  
20 authority on that either.

21 Q. Professor, we've got a series of  
22 documents here for you to review. And we're  
23 going to mark this as Parrish Deposition Exhibit  
24 10. And I'm going to ask that we take a break so  
25 you can examine this during the break.



1 And I'm going to come back and ask  
2 you questions as to whether or not you've ever  
3 seen any of the information appearing in Parrish  
4 Deposition Exhibit 10 before.

5 THE VIDEOGRAPHER: We're going off  
6 the record. The time is 1:27 p.m.

7 (Recess.)

8 (Parrish Deposition Exhibit Number  
9 10 was marked for identification.)

10 THE VIDEOGRAPHER: We are back on  
11 the record. The time is 1:31 p.m.

12 MR. PURVIS: Prior to showing  
13 Parrish Exhibit Number 10, which is a series of  
14 approximately 20 documents, to the witness,  
15 counsel for the defendants have reviewed the  
16 documents, and each and every one of them is  
17 marked with the stamp, the Bates number from the  
18 Minnesota Attorney General action repository.

19 No one is allowed to look at these  
20 documents unless they have previously signed a  
21 confidentiality order, including witnesses and  
22 including counsel. And I trust that counsel for  
23 the plaintiffs have signed such an order.

24 But this witness is not going to  
25 undertake to assume a duty under the Minnesota

1 Attorney General action. I realize you're not in  
2 that case. I have been involved in it. We all  
3 on this side of the table have. And these  
4 documents are not permitted to simply be passed  
5 around from plaintiffs' attorney to plaintiffs'  
6 attorney in other litigation.

7 So we are not going to let this  
8 witness review these documents.

9 MS. HONDORF: You are incorrect,  
10 sir. Those documents came to us through the Arch  
11 case. They are not subject to any  
12 confidentiality. They're not stamped CTR Arch  
13 confidential. If there's a CTR Arch confidential  
14 stamp, then I'll --

15 MR. MONICA: These are all stamped  
16 TIMN.

17 MS. HONDORF: Right. And they all  
18 came to us through the Arch case. We have not  
19 gotten any documents through that repository. If  
20 you want to check through your co-counsel, I  
21 suggest you do it.

22 MR. McCONNELL: Do you know which  
23 counsel in the case they came from?

24 MS. HONDORF: They came to us in  
25 boxes.

1 MS. TYLER: I would direct your  
2 attention to a document entitled TIMN 0124603,  
3 which has at the very top "Confidential," and  
4 then again, "Confidential Minnesota Tobacco  
5 Litigation."

6 MS. HONDORF: And I will also  
7 instruct you that they had to be stamped Arch  
8 confidential or they were not confidential. And  
9 that's the way the protective order reads.

10 MS. TYLER: I'm confused by your  
11 representation, counsel. If they were marked  
12 Arch confidential, then I would presume that they  
13 are confidential for other matters apart from  
14 Arch

15 This is stamped confidential  
16 Minnesota tobacco litigation. And I am  
17 intimately familiar with the fact that there is  
18 not only one level of confidentiality within  
19 Minnesota, but no less than three levels of  
20 confidentiality within Minnesota.

21 And I think in the exercise of  
22 caution these documents should not be discussed.

23 MS. HONDORF: I'm going to take a  
24 contrary opinion and tell you that they were  
25 produced to us without a confidential stamp, they

1 were produced in Arch, and you're incorrect.

2 MR. PURVIS: I heard you say on the  
3 record that you received these from plaintiffs'  
4 counsel. That does not necessarily mean they  
5 have been produced in the Arch case.

6 MS. HONDORF: They were produced in  
7 the Arch case and sent to the standard document  
8 repository.

9 MR. PURVIS: This witness has not  
10 signed the Minnesota confidential order. He is  
11 not entitled to see these documents. We're not  
12 going to show them to him.

13 MS. HONDORF: You're incorrect.  
14 We'll make a motion. We'll do whatever we have  
15 to do.

16 MR. PURVIS: That's fine.

17 MS. HONDORF: Then I guess the  
18 deposition is over.

19 MR. LEFKOWITZ: I will put on record  
20 that we can adjourn today's deposition with the  
21 understanding that in the event we end up going  
22 before the judge and obtaining an order with  
23 respect to these documents or decide to file a  
24 motion to compel or some other type of motion  
25 with respect to the documents that were subject

1 to the deposition notice and the request for  
2 production of documents, that we would ask that  
3 Professor Parrish be reproduced for the purposes  
4 of continuing his deposition.

5 So subject to those two caveats, I  
6 can agree to adjourn today's deposition.

7 MR. PURVIS: We won't agree to the  
8 caveats. The witness is here. If there are  
9 other matters that you want to question him on,  
10 he's available. I suggest you proceed to  
11 question him on those. Obviously if your  
12 position is upheld by the Court, you may be able  
13 to ask to reopen the deposition to cover these  
14 privileged documents, confidential documents.

15 MS. HONDORF: Mischaracterization of  
16 the documents.

17 MS. TYLER: Do we want to go off?

18 MR. LEFKOWITZ: Let's go off the  
19 record.

20 THE VIDEOGRAPHER: We're going off  
21 the record. The time is 1:35 p.m.

22 (Discussion off the record.)

23 THE VIDEOGRAPHER: We are back on  
24 the record. The time is 2:02 p.m.

25 MR. PURVIS: For the record, during

1 the break we've conferred with counsel for the  
2 plaintiffs. We've agreed that we disagree. It's  
3 my understanding the plaintiffs' counsel wants to  
4 adjourn the deposition and seek relief from the  
5 Court.

6 It is our position, as stated  
7 previously, that Professor Parrish is here,  
8 available for several more hours if plaintiffs'  
9 counsel wants to question on other matters, and  
10 that we are here and available to do so. But  
11 it's my understanding plaintiffs' counsel wants  
12 to adjourn at this time.

13 MR. LEFKOWITZ: Well, we're prepared  
14 to adjourn at this point in time. We would be  
15 prepared to continue forward with the deposition  
16 if the documents that we had sought by way of our  
17 request for production of documents had been  
18 produced today or made available for us.

19 But since they weren't, we are  
20 unable to ask questions with respect to that  
21 information. And since counsel for the  
22 defendants has refused to allow the witness to  
23 answer questions with respect to Parrish  
24 Deposition Exhibit 10, in fact refused to allow  
25 your own witness to examine the documents, we

1 have no choice at this point in time other than  
2 to recess the deposition.

3 MR. PURVIS: Addressing your first  
4 point, this witness has responded completely in  
5 compliance with the spirit of production in the  
6 Barnes case, as exhibited by the witnesses for  
7 the plaintiffs.

8 In fact we've exceeded that by  
9 providing you with full documentation of the  
10 documents that are cited in Professor Parrish's  
11 affidavit, which I have noted for the record you  
12 have not asked a single question about.

13 MR. LEFKOWITZ: I have no further  
14 questions, subject to --

15 MR. MONICA: Let's make clear what  
16 we're going to do with the documents.

17 MR. PURVIS: The documents, some 20  
18 to 25 documents with TI Minnesota Bates numbers  
19 on them, have been placed and sealed in an  
20 envelope. They're going to be given to the court  
21 reporter who will provide a representative of  
22 each side with a copy of those documents, and  
23 then there will be investigation by both parties  
24 into the origin of these documents so I presume  
25 the matter can be brought to the attention of the

1 Court.

2 MR. LEFKOWITZ: That's fine.

3 MR. PURVIS: If you're finished, I  
4 have just one question.

5 EXAMINATION BY MR. PURVIS:

6 Q. Professor Parrish, have you ever  
7 reviewed any documents that have Bates numbers on  
8 them with the prefix TIMN?

9 A. No.

10 MR. PURVIS: No further questions.

11 THE VIDEOGRAPHER: This marks the  
12 end of the deposition of Professor Parrish. The  
13 number of videotapes used was two. We are going  
14 off the record. The time is 2:05 p.m.

15 (Thereupon the proceedings were  
16 adjourned at 2:05 p.m.)

17

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25



1 DISTRICT OF COLUMBIA, to wit:

2 I, Lee A. Bursten, before whom the  
3 foregoing deposition was taken, do hereby certify  
4 that the within-named witness personally appeared  
5 before me at the time and place herein set out,  
6 and after having been duly sworn by me, according  
7 to law, was examined by counsel.

8 I further certify that the examination  
9 was recorded stenographically by me and this  
10 transcript is a true record of the proceedings.

11 I further certify that I am not of  
12 counsel to any party, nor an employee of counsel,  
13 nor related to any party, nor in any way  
14 interested in the outcome of this action.

15 As witness my hand and notarial seal  
16 this 14<sup>TH</sup> day of OCTOBER, 1997.

17  
18   
19 LEE A. BURSTEN

20 Notary Public

21 MY COMMISSION EXPIRES: DC - 5/14/00  
22  
23  
24  
25

## 1 CERTIFICATE OF DEPONENT

2 I hereby certify that I have read and  
3 examined the foregoing transcript, and the same  
4 is a true and accurate record of the testimony  
5 given by me.

6 Any additions or corrections that I  
7 feel are necessary, I will attach on a separate  
8 sheet of paper to the original transcript.

9  
10 \_\_\_\_\_  
11 MICHAEL E. PARRISH, Ph.D.

12 I hereby certify that the individual  
13 representing himself/herself to be the  
14 above-named individual, appeared before me this  
15 \_\_\_\_\_ day of \_\_\_\_\_, 1997, and  
16 executed the above certificate in my presence.

17  
18 \_\_\_\_\_  
19 NOTARY PUBLIC IN AND FOR  
20 \_\_\_\_\_

21 MY COMMISSION EXPIRES:  
22 \_\_\_\_\_  
23  
24  
25

1 WITNESS: MICHAEL E. PARRISH, Ph.D.

2 DATE: September 30, 1997

3 CASE: Barnes et al. v. American Tobacco

4 Please note any errors and the

5 corrections thereof on this errata sheet. The

6 rules require a reason for any change or

7 correction. It may be general, such as "To

8 correct stenographic error," or "To clarify the

9 record," or "To conform with the facts."

10 PAGE LINE CORRECTION REASON FOR CHANGE

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IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

WILLIAM BARNES, et al.,

Plaintiffs

CIVIL ACTION

THE AMERICAN TOBACCO COMPANY,  
INC. et al.

Defendants.

NO. 96-CV-5903

**DEPOSITION NOTICE OF EXPERT WITNESS WITH DOCUMENT REQUEST**

Please take notice that Plaintiffs will take the video taped deposition of Michael E. Parrish, Ph.D. commencing on Tuesday, September 30, 1997, at 9:30 a.m. at the offices of Shook, Hardy & Bacon, 801 Pennsylvania Avenue, NW, Washington, D.C. phone: (202) 783-8400, and continuing thereafter until completed.

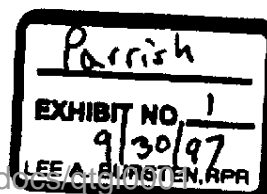
**DOCUMENT REQUEST**

Plaintiffs hereby request pursuant to the Federal Rules of Civil Procedure that the witness produce at said deposition for inspection and copying:

all articles, reports and papers<sup>1</sup>, published or unpublished,

- a. written by the witness, whether located at any office, private residence, or other location; and/or

The words "articles, reports and papers" are used herein and throughout this Deposition Notice Of Expert Witness With Document Request in their broadest sense and include any original, reproduction or copy of any kind, whether typed, recorded, graphic, photographic, printed, written, computer data or documentary matter, including without limitation correspondence, memoranda, interoffice communications, notes, diaries, contracts, documents, drawings, diagrams, plans, specifications, estimates, vouchers, permits, written ordinances, minutes of meetings, invoices, billings, checks, reports, studies, telegrams, notes of telephone conversations, and notes of any and all communications in every other means of recording any tangible thing, any form of communication or representations, including letters, words, pictures, sounds or symbols or combinations thereof.



- b. in the witness' possession, whether located at any office, private residence, or other location; and/or
- c. under the witness' control, whether located at any office, private residence, or other location.

2) The witness' entire file related to this action, including, but not limited to, all documents<sup>2</sup>, medical records, charts, graphs, pictures and/or other documentary and/or tangible evidence in any way relied upon in connection with said witness' testimony, opinions, reports and/or consultation, and/or to be relied upon at time of trial.

3) Each and every record, document and/or writing reviewed, consulted and/or relied upon in any way by said witness in connection with said witness' testimony, opinions, reports and/or consultation, and/or to be relied upon at time of trial.

4) Each and every record, document and/or writing which has been seen by and/or provided to said witness in connection with said witness' testimony, opinions, reports and/or consultation, and/or to be seen by and/or provided to said witness at any time.

5) Each and every document, record and/or writing which has been produced, generated, drafted, and/or prepared by said witness in connection with said witness' testimony, opinions, reports and/or consultation, and/or to be relied upon at time of trial.

6) Any and all articles, reports and papers, published or unpublished, journals, treatises, authoritative texts and/or other literature reviewed, consulted and/or relied upon in any way by said witness in connection with said witness' testimony, opinions, reports and/or consultation, and/or to be relied upon at time of trial.

7) Any and all articles, reports and papers, published or unpublished, journals,

The word "document(s)" is used herein and throughout this Deposition Notice Of Expert Witness With Document Request in its broadest sense and includes any original, reproduction or copy of any kind, whether typed, recorded, graphic, photographic, printed, written, computer data, computer disc, electronically stored data/information or documentary matter, including without limitation correspondence, memoranda, interoffice communications, notes, diaries, records, contracts, documents, drawings, diagrams, plans, specifications, estimates, vouchers, permits, written ordinances, minutes of meetings, invoices, billings, checks, reports, studies, telegrams, notes of telephone conversations, and notes of any and all communications in every other means of recording any tangible thing, any form of communication or representations, including letters, words, pictures, sounds or symbols or combinations thereof.

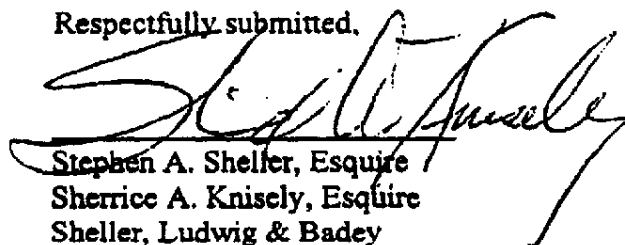
treatises, authoritative texts and/or other literature which said expert believes will bear upon his or her testimony and/or upon which he or she will rely in formulating any opinion in connection with said witness' testimony, opinions, reports and/or consultation.

8) Any and all correspondence and other documents to and/or from said witness to and/or from any Defendant and/or its attorneys.

9) Each and every document, record or writing provided by said witness to any Defendant and/or its attorneys, including, but not limited to, medical records, writings, literature, photographs, analyses, curriculum vitae, and/or any other tangible evidence.

10) Any and every deposition transcript and/or trial testimony taken of the witness.

Respectfully submitted,



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Date: 9/15/97

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**CERTIFICATE OF SERVICE**

I hereby certify that on this 15th day of September, 1997, a true and correct copy of the foregoing Deposition Notice Of Expert Witness With Document Request was served via facsimile upon the following:

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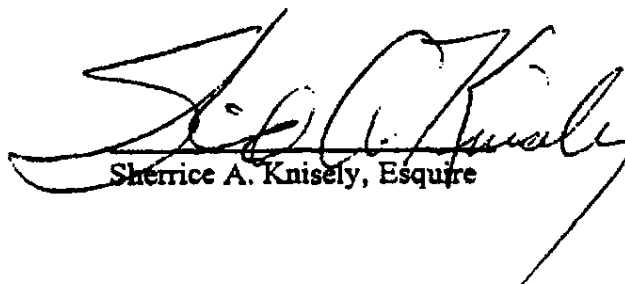
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Date: 9/15/97

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in

HUMPHREY



Sherrice A. Knisely, Esquire

51973 1759

THANK YOU FOR NOT  
SMOKING



The President Drives off Alcohol and Opium Welcoming  
Their New Ally, the Demon of the Cigarette  
From PUCK, Oct. 16, 1899

THE HUNDRED-YEAR WAR AGAINST THE CIGARETTE  
*American Heritage* BY GORDON L. DILLOW  
*February/March 1981*

Pamish  
EXHIBIT NO. 2  
9/30/97  
SEE A BIRD'S EYE

51973 1760

It was like any other Tuesday lunch hour, until the sheriff's deputies walked in. Mr. Ernest Bamberger, general manager of the Keystone Mining Company and recent (unsuccessful) Republican candidate for United States senator, and Mr. John C. Lynch, manager of the Salt Lake Ice Company, finished their meals at the Vienna Café, an unpretentious but respectable businessmen's restaurant on Salt Lake City's Main Street, and prepared to savor their customary post-luncheon cigars. A few tables away, near the back of the crowded establishment, Mr. Edgar L. Newhouse, department manager for the American Smelting and Refining Company, paused briefly in his conversation with Mr. L. R. Eccles of Ogden to light a cigarette. At the same time, Mr. Ambrose Noble McKay, general manager of the Salt Lake Tribune, lighted his cigar, picked up his check, and went over to the counter to pay it.

None of the gentlemen's actions sparked any apparent interest among the other restaurant patrons. Certainly no one—with the possible exception of Mr. J. J. Burke, a Salt Lake consulting engineer—suspected them of any overt criminal activity. As they smoked, chatted and pondered the upcoming afternoon's affairs—or, in McKay's case, waited impatiently for the counterman to tally up the bill—they remained completely unaware that they were only a few minutes away from a calamity that not only would make them the outraged subjects of a public spectacle but also would result in their good names being hounded about in newspapers across the country. Had they suspected they were in such danger they easily could have destroyed the incriminating evidence with a simple twist of thumb and forefinger. But they did not, and a few moments later, even before the ash on Bamberger's cigar required attention, they were caught *flagrante delicto* by Salt Lake County sheriff's deputies Michael Maus and John Harris.

The two deputies entered the Vienna Café at half-past noon and walked directly to the table occupied by Bamberger and Lynch, where they displayed their badges and promptly placed the men under arrest. While Deputy Harris stood guard over the pair, Deputy Maus walked to the rear of the café, where he arrested Newhouse. Eccles, Newhouse's luncheon companion, escaped arrest only by gesticulating with an unlighted cigarette and proving to the deputy that although he had obviously intended to commit a crime, he had not yet done so, and therefore was not subject to arrest. Deputy Maus agreed.

Meanwhile, McKay, who had finally succeeded in paying his lunch bill and was preparing to leave the café, was loudly denounced as a co-offender by Mr. Burke, who pointed a finger at the departing McKay and told Deputy Harris that he also should be arrested. Perhaps fearing an escape attempt by Bamberger and Lynch, Deputy Harris made no move to apprehend the fleeing newspaperman.

The two deputies then escorted their three protesting prisoners through the highly agitated throng of customers and onlookers (the Vienna Café may have been unpretentious, but arrests on the premises were uncommon enough to generate a great deal of excitement). Since no patrol car was available,

Mr. Bamberger, Mr. Lynch, and Mr. Newhouse were then marched down Main Street, in full and humiliating view of friends, business associates, and passers-by, to the county jail some blocks away, where they were charged and booked like so many common criminals.

Which they were, since they—along with McKay, who as a result of some rather undignified snitching by his accomplices in crime was soon to become the object of a similar criminal complaint—openly had violated Section 4, Chapter 145, of the Utah state code. The four men had been smoking in an enclosed public place.

There is considerably more to this story—more arrests, mass meetings, the eventual surrender of McKay, and so on, all of which will be discussed later. But the most interesting aspect of the incident is not that several otherwise law-abiding citizens were arrested for committing such a widespread and popular crime, nor even that they were sufficiently prominent in the community to ensure a great deal of bad publicity for the state of Utah. What is most interesting about the incident at the Vienna Café is simply the year in which it occurred—1923. For despite widespread belief to the contrary, tobacco smoking's sorry reputation did not begin with Surgeon General Luther Terry's famous 1964 report, which as we will see was actually a rather mild document in comparison with earlier works on the subject. Nor is the recent legislative attack on smoking a modern phenomenon, since by the time Mr. Bamberger and his colleagues lighted their ill-fated smokes more than a dozen states had passed laws that make today's legislative antismoking efforts seem almost benign. The fact is that the truly golden age of the antismoking movement in America began in the 1880's, when a new and deadly manifestation of the smoking habit first appeared in large numbers on the American scene. It ended four decades later, during a Tuesday lunch hour at the Vienna Café.

The world's first antismoking tract—the opening shot in the conflict that would eventually lead to Bamberger's arrest—was published in 1604 by England's James I, one of history's most famous tobacco-phobes. Entitled "A Counterblaste to Tobacco," James's treatise ridiculed the medicinal and prophylactic properties then ascribed to the plant, excoriated his pipe-smoking subjects for wasting their money and befouling the English air, and finally concluded with a famous—and, to nonsmokers, still applicable—peroration: Smoking, James said, was "a custome loathsome to the eye, hatefull to the Nose, harmefull to the braine, dangerous to the Lungs, and in the black stinking fume thereof, nearest resembling the horrible Stigian smock of the pit that is bottomlesse." Unfortunately, as James and his antismoking successors found out, the habit once adopted is a difficult one to break, on either an individual or national basis, and smoking continued unabated in England.

The story was much the same elsewhere, as kings and potentates throughout the known world found that no amount of whippings (Russia), beheadings (Turkey), nose slittings (India), and other extreme measures could suppress the habit.

Murad IV of Turkey is typical of the early Eastern antismoking crusaders. Determined to enforce the royal no-smoking edict, Murad reportedly prowled the streets of seventeenth-century Istanbul incognito, accosting suspected tobacco sellers, begging them to sell him a small quantity, offering them payment far in excess of the going rate and swearing eternal secrecy. Then, if the merchant's greed overcame his caution and he produced the forbidden substance, Murad would personally behead him on the spot, leaving the body in the street as a grisly warning. But despite Murad's efforts, smoking continued—prospered, actually—in Turkey. (Poetic justice was served almost three centuries later, when Turkish tobacco cigarettes called "Murads"—featuring testimonials by the unfortunate Fatty Arbuckle—became one of America's most popular brands.)

In contrast to European and Oriental antismoking campaigns, early American efforts were mild. In the 1630's the Massachusetts colony banned tobacco sales and public smoking, public being defined as any place where more than one person was present. In the 1640's Connecticut also banned public smoking and required smokers to obtain a smoker's permit. These laws generally were ignored, however, particularly after the clergy took up the habit; Massachusetts soon repealed its prohibitions, the Connecticut ones eventually faded away, and smoking vanished as an issue for the next one hundred and fifty years.

It resurfaced in 1798, when Dr. Benjamin Rush published an essay called "Observations upon the influence of the Habitual use of Tobacco upon Health, Morals and Property." Smoking and tobacco chewing were harmful to the mouth, stomach, and nervous system, Dr. Rush observed, in addition to being generally filthy and expensive habits. The doctor went on to draw a direct cause-and-effect relationship between tobacco use and drunkenness, a correlation that would persist throughout subsequent antismoking campaigns. Dr. Rush was followed by a number of antismoking reformers. Dr. Joel Shew, for example, carefully catalogued—often in repellent detail—some eighty-seven maladies directly attributable to tobacco use, including insanity, cancer, and hemorrhoids. The eugenicist Orson L. Fowler believed tobacco possessed certain aphrodisiacal properties—obviously a more damning charge than it would be today—and warned, "Ye who would be pure in your love-interest, cast this sensualizing fire from you." The Reverend George Trask, author of the widely circulated 1852 tract "Thoughts and Stories for American Lads" (subtitled "Uncle Toby's Anti-Tobacco Advice to His Nephew Billy Bruce"), pioneered the misuse of statistics in warning of the dangers of tobacco. "Physicians tell us that twenty thousand or more in our own land are killed by [tobacco] every year," Trask wrote in 1859. "German physicians tell us that of deaths of men between the ages of eighteen and twenty-five, one-half originate from this source." Joining in the ante-bellum antismoking campaign were such men as Horace Greeley (who described a "long nine" cigar as "a fire at one end and a fool at the other"), Henry Ward Beecher, and even P. T. Barnum.

But despite the best efforts of Uncle Toby and his allies, smoking remained a minor cause in an era filled with great ones, and by the beginning of the Civil War, antismoking "agitations" (to use the contemporary term) had all but died out. What finally brought the movement back to life was a sleek and—to some—rather stylish little European import that eventually would outrage American antismokers more than any previous manifestation of the tobacco habit. We are speaking, of course, of the "coffin nail," the "little white slaver," the "little white hearse plume"—the cigarette.

Cigarettes apparently were developed in Latin America and later turned up in seventeenth-century Spain as a kind of poor man's cigar. Precisely how or when they first appeared between American lips is uncertain, but by 1854 imported cigarettes were common enough—in cosmopolitan New York City, at least—to attract the attention of one Dr. R. T. Trall, who noted with unconcealed disgust that "some of the ladies of this refined and fashion-forming metropolis are aping the silly ways of some pseudo-accomplished foreigners, in smoking Tobacco through a weaker and more feminine article, which has been most delicately denominated cigarette."

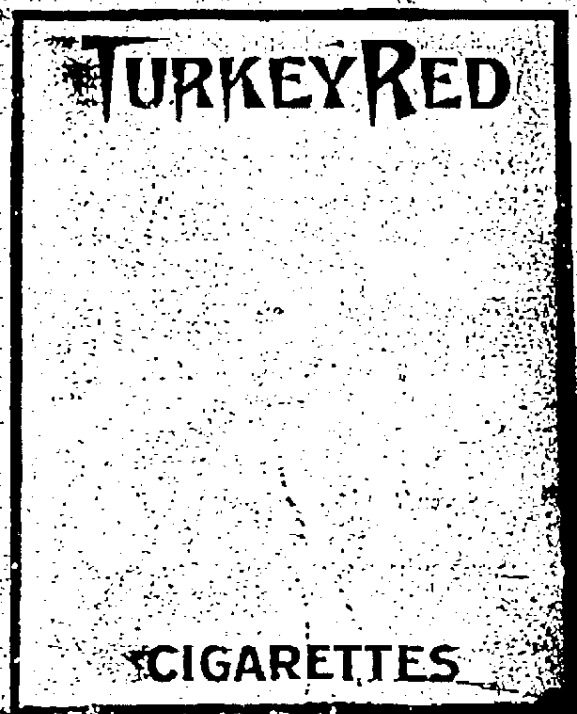
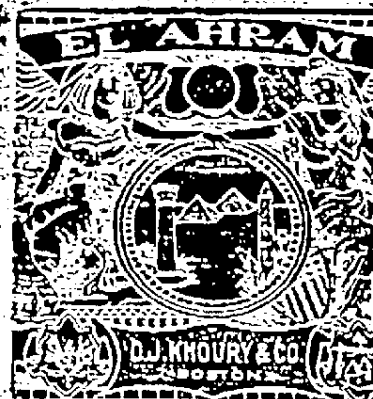
Cigarettes hardly took the country by storm, however; by 1865 fewer than 20 million were manufactured in the United States (compared with 695 billion in 1978), all of them hand-rolled by urban workers, all composed of expensive imported tobacco and most if not all of them smoked by those same civilized and upper-class souls who so agitated Dr. Trall. By 1880 American cigarette production reached 500 million a year, but cigarettes remained an almost inconsequential aspect of the tobacco trade, then dominated by chewing tobacco, cigars, and pipe tobacco. Still, they clearly were catching on; by 1885, following the invention of a practical cigarette-rolling machine and a shift to domestic tobacco, cigarette production passed the one-billion-a-year mark. By 1890 it topped two billion, and by 1895 some four billion cigarettes were manufactured in America, bearing such now-forgotten brand names as "Cameo," "Duke's Best," "Sweet Caporal," "Virginia Bright," and "Old Judge." Makings for millions of "roll-your-own" cigarettes also were sold every year.

Despite these seemingly dramatic increases, cigarettes quickly developed a most unsavory reputation. First, their newness made them easy targets for the vilest rumors; cigarette papers were said to be saturated with opium, arsenic, and other poisons. Cigarette tobacco reportedly was gleaned from cigar butts retrieved from urban gutters by derelicts and street urchins. More revolting was the widely circulated report that cigarette-factory workers urinated on the tobacco to give it "bite." The fact that cigarette smoke was inhaled—a practice not usually associated with cigar or pipe smoking—made the alleged "adulterations" even more dangerous. Cigarettes also faced severe "image" problems in the late nineteenth century. Their association with city types—so noted by Dr. Trall—hardly improved their reputation among the rural populace, and in contrast to the manly cigar, and

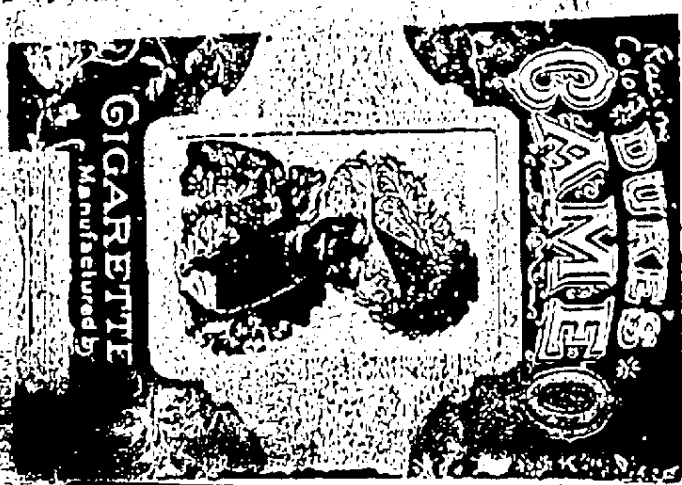
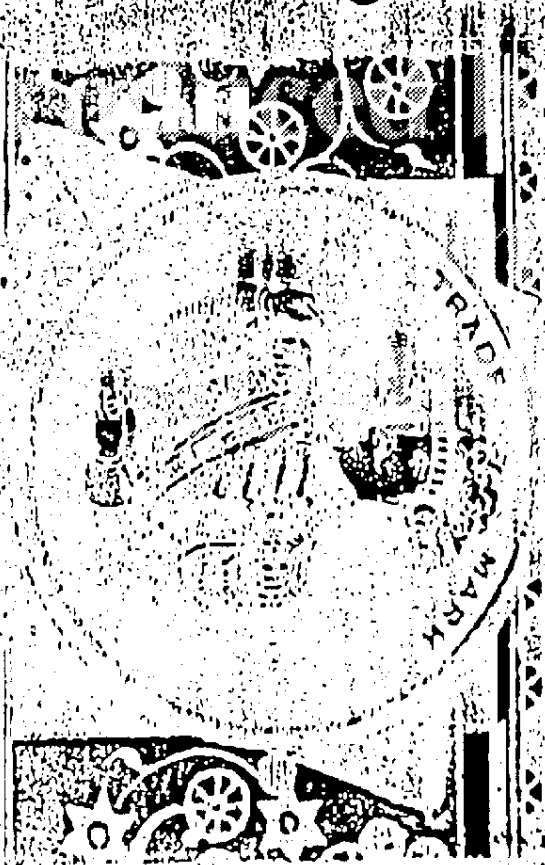
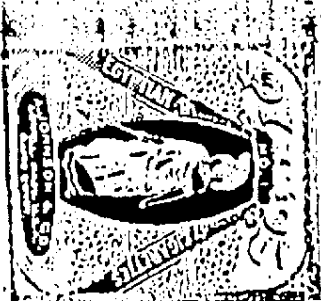
From the start, the  
 anticigarette forces had  
 to contend with the  
 catchiest names and  
 flashiest packs the  
 opposition could invent.  
 The brands shown in  
 this portfolio were  
 produced between the  
 1880's and the 1940's.  
 All have vanished  
 from today's market  
 save for "Home Run,"  
 whose batter has  
 been up for almost a  
 century now.



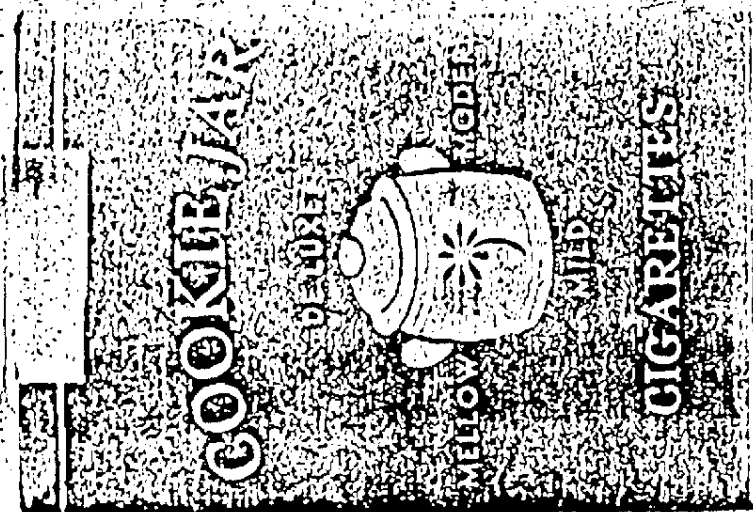
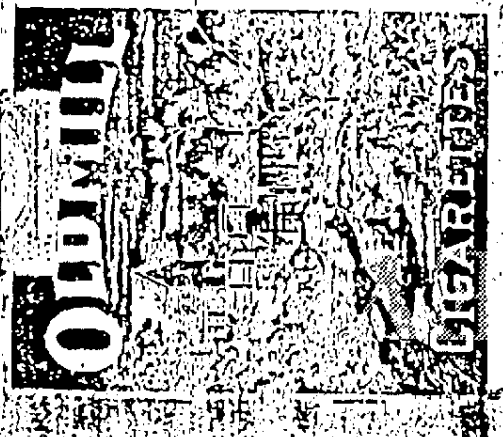
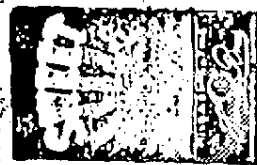
GOLD



51973 1763

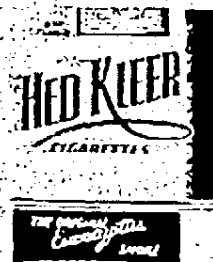






MILD AS A  
SUMMER BREEZE

51973 1765



"IT'S TOASTED"

51973 1766

reflective pipe, and the humble but honest chew, cigarettes seemed to be geared more toward a woman's tastes than toward a man's. The "ette" suffix by itself gave off a diminutive and therefore feminine air, and brand names such as "Opera Puffs" and "Pearl's Pets" did little to offset this.

"The cigarette is designed for boys and women," *The New York Times* decided in 1884, summing up the prevailing view. *The Times* added that "the decadence of Spain began when the Spaniards adopted cigarettes, and if this pernicious practice obtains among adult Americans the ruin of the Republic is close at hand." While the *Times* may have exaggerated in assessing the impact of cigarettes on the national destiny, it was correct in predicting that they would appeal to women in ever-increasing numbers. Still, public smoking by women was rare in the nineteenth century, and cigarette manufacturers carefully avoided any overt appeals to the female smoking market. (In fact, not until the 1920's would cigarette advertisers dare to portray an American woman even holding a cigarette. It's worth noting that "Marlboro" brand cigarettes, whose liter-tipped descendants would become the favorite smoke of that quintessential rugged American, the Marlboro Man, were among the first to openly pursue the female smoker, using an alliterative—but most unugged—slogan: "Marlboro: Mild as May.") Although women smokers would become the object of antismoking efforts within a few decades, it was boy smokers who provided the initial focal point for the coming crusade.

Cigarettes were particularly appealing to boys, since they were cheap enough (at ten or twenty for a nickel) and mild enough to allow even the smallest boy to emulate his pipe- and cigar-smoking elders without suffering the drastic side-effects that pipes and cigars usually inflicted on immature smokers. By the mid-1880's cigarette-smoking boys were a common sight on any urban street corner, and even rural areas had their youthful cigarette fiends. Cigarette manufacturers, for their part, exacerbated the problem through the use of cards and coupons, one of which was placed in every pack. They bore a photograph or lithograph on one side and usually an explanatory note on the other, and each was one of a numbered set, the object being to collect all the cards in any given set. Later James B. Duke of W. Duke, Sons & Co. (who in 1890 would combine the five largest cigarette companies into the American Tobacco Company, also known as the Tobacco Trust) pioneered the coupon system, whereby a specified number of "vouchers" found in cigarette packs could be redeemed for a lithograph album. Card sets bore such titles as "Fifty Scenes of Perilous Occupations," "Lives of Poor Boys Who Became Rich," and "Flags of All Nations" among dozens of others. Perhaps even more educational were such series as "Actresses," "Gems of Beauty," and Duke's popular "Sporting Girls" album (available for seventy-five coupons). All the cards and albums were in great demand by the younger set, who traded and gambled them with all the adolescent fervor later afforded bubble-gum baseball and football cards.

Parents, on the other hand, were outraged.

"There is no question that demands more public attention than the prevailing methods of cigarette manufacturers to foster and stimulate smoking among children," one irate New Yorker said in 1888, presaging a complaint that would continue, with considerable justification, for the next ninety years. "At the office of a leading factory in this city you can see any Saturday afternoon a crowd of children with vouchers clamoring for the reward of self-inflicted injury."

Nor were the "self-inflicted injuries" courted by young smokers confined to the potential, long-term maladies—lung cancer, heart disease, and so on—now associated with cigarette smoking. On the contrary, in the 1880's and 1890's the cigarette's effects on smokers were thought to be not only immediate and debilitating but also often fatal. Consider the following case, as reported by *The New York Times* in 1890.

#### CIGARETTE SMOKING KILLED HIM

"New Jersey—The death of eight-year-old Willie Major, a farmer's son, from excessive cigarette smoking is reported from Bound Brook. The boy had for over three years been a victim to the habit. He would stay away from home several days at a time, eating nothing but the herbs and berries of the neighborhood and smoking constantly. Sunday he became ill and delirious. He died Tuesday in frightful convulsions."

There were dozens, perhaps hundreds, of similar case histories.

Even if death did not immediately claim the young smoker, failing health surely would. Among the maladies attributed to cigarette smoking were color blindness, "tobacco amblyopia" (a weakening of the eyesight), baldness, stunted growth, insanity, sterility, drunkenness, impotence (or sexual promiscuity, depending on the point to be made), mustaches on women, and that traditional bugaboo of nineteenth-century America, constipation. No less alarming was the moral dissipation caused by cigarettes, a process cogently described by New York school commissioner Charles Hubbell in 1893: "Many and many a bright lad has had his will power weakened, his moral principle sapped, his nervous system wrecked, and his whole life spoiled before he is seventeen years old by the detestable cigarette. The 'cigarette fiend' in time becomes a liar and a thief. He will commit petty thefts to get money to feed his insatiable appetite for nicotine. He lies to his parents, his teachers, and his best friends. He neglects his studies and, narcotized by nicotine, sits at his desk half stupefied, his desire for work, his ambition, dulled if not dead."

For all these reasons, cigarettes had by the 1890's managed to arouse the ire of a major portion of the American public, pipe and cigar smokers included. It was thus only to be expected that parents, teachers, juvenile authorities, and particularly reformers would agree wholeheartedly with the sentiment (if not the grammar) of the following plea, published by the Annapolis *Evening Capital* in 1886 and echoed by antismokers for the next forty years: "Something heroic must be done for the suppression of this monstrous evil."

or the coming American man will be a pigmy and a disgrace to their race. Let our Legislature come to their rescue."

The Maryland legislature, perhaps fearful of the state's tobacco industry, failed to respond to the plea. Other legislatures would not be so timid.

The legislative campaign against smoking began in earnest in the 1890's. Cigarettes were the primary target; pipes and cigars initially were excluded from the battle, but later the scope was broadened to include public smoking in any form, as Mr. Bamberger and his associates would find out. Although the campaign attracted a number of organizations and individuals, particularly the Women's Christian Temperance Union, its most indefatigable warrior was a now almost forgotten WCTU alumna named Lucy Page Gaston.

Born in Ohio in 1860 and raised in Illinois, she came early to the reform business when, as a student at the Illinois State Normal School, she led raids on local saloons and tobacco shops. She began her anticigarette campaign in the early 1890's, after ten years as a schoolteacher and Sunday-school instructor and after having been a full-time WCTU worker and journalist. Initially she confined her efforts to the Chicago area, but in the late 1890's she branched out into neighboring states, addressing school and church assemblies (audiences already primed by the thousands of antismoking tracts distributed by the WCTU), organizing girls' and boys' anticigarette organizations and administering the "Clean Life Pledge" en masse: "I hereby pledge myself with the help of God to abstain from all intoxicating liquors as a beverage and from the use of tobacco in any form." Pledges were entitled to wear the Clean Life Button. Convinced that anticigarette legislation was necessary to protect the youth of America, Gaston haunted city halls and state capitols, demanding prompt action and, to that end, making life miserable for any state legislator or town councilman unlucky enough not to see her meaning. Once anticigarette laws or ordinances were passed, she pressed for strict enforcement. The Chicago police

chief, no doubt weary of Gaston's prodding, finally deputized her to arrest violators of the new antismoking laws, and within ten years she went to court more than six hundred times to prosecute tobacco dealers who sold their wares to children.

In 1899, with the financial and moral backing of a group of Chicago businessmen, Gaston founded the Chicago Anti-Cigarette League, which spawned similar leagues throughout the Midwest. In 1901 several hundred anticigarette leagues, claiming a combined membership of almost 300,000, were loosely combined as the National Anti-Cigarette League, with Lucy Page Gaston as superintendent. The goal of the National Anti-Cigarette League (later renamed the Anti-Cigarette League of America and still later the International Anti-Cigarette League) was simple: the total abolition of the cigarette from American life, by force of law if necessary.

There were some early reversals in the campaign. In 1892 Congress was deluged with petitions from WCTU groups stating that cigarettes were "causing insanity and death to thousands" of American youths and demanding federal abolition of the cigarette trade. The Senate's committee on epidemic diseases studied the cigarette problem but concluded that it was a state matter. A year later Washington prohibited the sale of cigarettes within the state—not only to minors, but to adults as well—but a few months later a federal court struck down the law. Still, by the turn of the century most states had banned cigarette and tobacco sales to minors. The anticigarette movement clearly was gaining momentum. Between 1893 and 1897 North Dakota, Iowa, and Tennessee banned the sale of cigarettes or cigarette papers, but the laws generally were ignored until 1900, when the U.S. Supreme Court upheld the Tennessee statute. The decision prompted the American Tobacco Company to notify its dealers in those states that it would no longer back them up if they were prosecuted for selling cigarettes, and cigarette dealers, fearing a crackdown by state authorities, scrambled to dispose of their wares. The court's decision also bolstered the spirits of the anticigarette forces and spurred them to greater efforts; by early 1901 anticigarette legislation was a major topic in state capitols across the country, as the following Chicago *Tribune* headline makes clear:

STATES DECLARE WAR ON CIGARET  
Movement Afoot To Suppress Use  
Of Tobacco In Deadly Form  
LAWS ARE BEING FORMED  
Nearly Every Legislature Considering  
Best Measures For Restriction  
PROGRESS OF THE CRUSADE

The accompanying article revealed that only Wyoming and Louisiana had paid no attention to the cigarette controversy, while the other forty-three states either already had anticigarette laws on the books, were considering new or tougher anticigarette laws, or were the scenes of heavy anticigarette activity. The pending legislation ranged from bans on sales to minors to a bill introduced in the Indiana legislature that would have banned public cigarette smoking by anyone, with violators to be jailed, fined, and "disenfranchised."



Thomas Edison chastises a young addict in a 1916 pamphlet published by the inventor's friend, Henry Ford.

Reprinted from "THE CASE AGAINST THE CIGARETTE" by HENRY FORD

chised and rendered incapable of holding any office of trust or profit."

Although bills to prohibit cigarettes were considered in more than a dozen states—including Illinois, Kansas, Michigan, Minnesota, Nebraska, California, Montana, Massachusetts, Maine, New Hampshire, Delaware, and even North Carolina—only the Oklahoma Territory prohibited cigarette sales during the 1901 legislative session, a development the anticigarette forces attributed, with some justification, to the well-financed lobbying of the Tobacco Trust. Accusations of bribery were common whenever anticigarette bills were considered. When the Washington legislature considered its 1893 anticigarette law, for example, the Tobacco Trust reportedly dispatched a lobbyist to Olympia armed with twenty thousand dollars in cash to change legislators' minds, but he arrived too late to bring the largesse to bear. In Indiana in 1905 an alleged briber was forced to flee the country—with a five-thousand-dollar reward on his head—after he tried to buy a pro-cigarette vote. As an anonymous source within the cigarette industry later recalled the situation, "A bill would be introduced to a legislature to prohibit the manufacture or sale of cigarettes; it would be referred to a committee and our people would have to get busy and pay somebody to see that it died. Such heavy-handed tactics did little to endear the Tobacco Trust—which controlled nearly 90 per cent of American cigarette production—to the American public, and even after the Trust was ostensibly dissolved by court order in 1911, the tough lobbying activities of the successor tobacco companies continued to rankle."

The defeat of any given anticigarette bill hardly resolved the matter, however; the anticigarette forces—Lucy Page Gaston in particular—were nothing if not persistent, and legislators could be sure that they would be back in the next session and if necessary, the next and eventually, it seemed, they would win, since cigarettes had many enemies in legislative committee rooms and precious few friends. That was particularly true in the Midwest where cigarette consumption was low and anticigarette feeling high.

**A**nticigarette successes continued to mount. Wisconsin and Nebraska banned cigarette sales in 1905. In that same year, Indiana prohibited even their possession, and Indiana cigarette dealers tried frantically to dispose of their supplies before the new law took effect: one overstocked dealer burned his in the street. Two years later Arkansas and Illinois likewise banned cigarette sales, although the Illinois Supreme Court soon struck down the Illinois law on a technicality, a decision that prompted Lucy Page Gaston to initiate an unsuccessful campaign to allow the recall of state supreme court justices. Kansas, Washington, South Dakota, and Minnesota joined the cigarette prohibition ranks in 1909, and the day before the Minnesota law took effect, Minneapolis cigarette smokers reportedly bought more than a million to see them through the lean days ahead.

Where state governments failed to act, municipal ones often took the initiative. Even New York City jumped on the antismoking bandwagon, in a sexist sort of way, when in 1908

The  
**BOY**  
Who  
Smokes Cigarettes  
Need Not be Anxious About  
**HIS FUTURE**  
He Has None  
--David Starr Jordan

*The poster bearing the laconic advice of the biologist David Starr Jordan was probably issued about 1915*

the Board of Aldermen passed an ordinance prohibiting public smoking by women. (The fact that such an ordinance was considered necessary indicates how rapidly women were taking up the habit.) The ordinance was vetoed two weeks later by Mayor McClellan, but not before twenty-nine year-old Katie Mulcahey was arrested and jailed for lighting a cigarette in front of a policeman and then compounding the crime by asserting, "No man shall dictate to me."

While legislators pondered anticigarette bills, the educational campaign continued. "There are in the United States to-day 500,000 boys and youths who are habitual cigarette smokers." Education magazine told its readers in 1907. "Few of them can be educated beyond the eighth grade, and practically all of them are destined to remain physical and mental dwarfs." The same publication later offered a number of terse case histories: "Case No. 1: Began habit at 4, taught by boys 6 and 7. Almost physical wreck now at 13. Sight poor, voice like a ghost, hearing impaired. Steals. In first grade." Or "Case No. 4: Began smoking at 10. Mind shattered at 14. Tried several positions, failed. A worthless loafer now." But boys were no longer the sole target of the antismoking campaign. Businessmen's views on the subject were being widely circulated, the general tone being that cigarette smoking was a handicap in the job market. Montgomery Ward, Sears, Roebuck, and hundreds of other firms were said to discriminate against cigarette users, and one antismoker later

## A Venturesome Girl



Unsafe  
Mother

## An Undesirable Wife

Only one kind of girl smoked, according to "Cigarette News," which ran this warning in its February, 1931, issue.

cheerfully estimated that more than two million jobs were closed to them. A host of the famous joined the anticigarette crusade, including Elbert Hubbard, author of "A Message to Garcia," and a lesser-known pamphlet called "The Cigarette-tist," Thomas Edison, a cigar smoker who refused to hire cigarette smokers; and Dr. Harvey W. Wiley, father of the 1906 Pure Food and Drug Act and author of a 1916 Good Housekeeping article called "The Little White Slaver." Even Henry Ford joined in, publishing in 1916 a pamphlet called "The Case Against the Little White Slaver."

Other antismoking groups were formed, most notably the Non-Smokers Protective League of America, founded in 1911 by Dr. Charles G. Pease, a New York physician and dentist who regularly "arrested" smokers on trains, subways, and so on—activities which Dr. Pease later said earned him more than a dozen death threats and two "scouting" visits by local undertakers. Meanwhile, Lucy Page Gaston kept up the pressure. Fresh from her legislative victories in the Midwest, she took time out from publishing *The Boy*, the Anti-Cigarette League's monthly newspaper, to carry the fight to New York City in 1907 and again three years later. Although she failed in her attempt to have a cigarette prohibition law passed in Albany, both visits created a stir. In 1913 Gaston and Dr. D. H. Kress opened a smoking-cure clinic in the Women's Temple in Chicago, the Anti-Cigarette League headquarters, and soon were flooded with repentant cigarette smokers, mostly small boys but also a chorus girl or two. The "cure" consisted of painting the palate with a silver nitrate solution and chewing some gentian root whenever the smoking urge

returned. Newspapermen who took it reported that the cure was very effective, in the short run at least, and similar clinics were soon in operation from Hoboken to Los Angeles.

In some respects, then, the late nineteenth and early twentieth centuries were indeed the golden age of the antismoking movement. Cigarettes were anathema to millions of Americans, and feeling ran so strong in some areas that a traveling Chautauqua company in anticigarette Kansas deemed it prudent to use a dairy instead of a cigarette factory as the backdrop for a production of *Carmen*. There was, however, one rather vexing problem: Americans were smoking more cigarettes than ever before.

Cigarettes had suffered somewhat during the early years of the campaign; between 1896 and 1901, after more than thirty years of constant growth, cigarette sales actually declined, reaching a low point of about two billion in 1901. But the drop was only temporary; in 1902, following a tax reduction and the repeal of an 1897 ban on cigarette cards and coupons, sales went up, and by 1906 they had neared their former high of five billion. In 1910 Americans smoked almost eight billion "Fatimas," "Meccas," "Hassans," "Helmars," "Murads," "Egyptian Deities," and others; in 1917 some thirty-five billion cigarettes—now with names like "Camels," "Lucky Strikes," and "Chesterfields"—were consumed.

As those brand names indicate, between 1910 and 1917 American smokers shifted away from the American-made Turkish or pseudo-Turkish brands that had dominated the market since the late 1890's. In the same period manufacturers dropped the use of coupons and prizes. "Camels," introduced by R. J. Reynolds in 1913, were responsible for both developments. "Camels'" new blend of domestic and "cased" or sweetened Burley tobaccos quickly developed a large following—most cigarettes still use the same basic blend—and "Camels" killed the coupon and prize system with the following message, printed on the back of every pack: "Don't look for premiums or coupons, as the cost of the tobaccos blended in CAMEL Cigarettes prohibits the use of them." The implication that coupons or prizes meant reduced quality was a master stroke; "Camels" soon captured more than a third of the American cigarette market, forcing the American Tobacco Company and Liggett & Myers to respond with the similarly blended "Lucky Strikes" and "Chesterfields." Cigarette cards and coupons quickly disappeared, although Brown & Williamson revived the coupon system on a very limited basis in the 1930's with "Raleighs."

The American cigarette industry had prospered not only in spite of the extensive anticigarette activity but in some ways because of it. First, people simply liked cigarettes; they were cheap, easy to smoke, and were better suited than either pipes, cigars, or the ubiquitous rural plug for the frenetic pace of city life. Paradoxically, cigarettes were shedding their effeminate image while at the same time women were taking them up in ever-increasing numbers. Also, the antismokers' exaggerated claims of the cigarette's deleterious effects were impossible to sustain, and thus eventually proved self-defeating. Whatever reasonable argu-

51993 1970

ments the antismokers had to offer against cigarettes—and as recent developments indicate, they had the right idea but the wrong criteria—were lost in the barrage of idiotic pronouncements and ill-considered "facts." (Physicians, particularly repelled by the hysteria, were quick to leap to the cigarette's defense; only in the past thirty years or so has the medical profession as a group joined in condemning cigarette smoking.) Finally, cigarettes benefited from that almost perverse quality of human nature that makes what is despised and outlawed by some people—particularly Sunday-school teachers and reformers—absolutely irresistible to others. By the beginning of the First World War, then, most even marginally sophisticated Americans regarded the anticigarette antismoking crusade with cheerful ambivalence, an attitude nicely summed up in the following pithy lines first published in the *Penn State Froth* in 1915:

*Tobacco is a dirty weed. I like it.  
It satisfies no normal need. I like it.  
It makes you thin, it makes you lean.  
It takes the hair right off your head.  
It's the worst darn stuff I've ever seen.  
I like it.*

As popular antipathy toward cigarettes waned, so did the legislative fortunes of the anticigarette movement. The cigarette prohibition laws had never been very effective anyway; state legislators had been easily persuaded to pass them when faced with well-organized pressure groups, but enforcement was quite another matter. After the usual rush to dispose of (or at least hide) their cigarettes, tobacco dealers found that they could sell them without too much fear of prosecution. They were also easily available by mail, and in states where "giving away" cigarettes was not specifically prohibited, matches sometimes were sold for ten cents with the cigarettes thrown in "free." In 1909 Indiana admitted defeat and repealed its cigarette prohibition law, leaving only the ban on sales to minors. Washington followed in 1911, Minnesota in 1913, Wisconsin and Oklahoma in 1915, and South Dakota in 1917. Even in those states where cigarette prohibition laws remained on the books, cigarette sales continued to climb. For the anticigarette movement it was a most discouraging turn of events, and the worst—in the form of World War I—was still to come.

The war did great things for cigarettes, and for smoking in general. No less an authority than General Pershing himself declared that tobacco was "as indispensable as the daily ration," and Army doctors sent home glowing accounts of the cigarette's salutary effects on wounded soldiers: "Wonderful," one Army surgeon reported from France. "As soon as the lads take their first 'whiff' they seem eased and relieved of their agony." The home front responded enthusiastically to the call for more. An Army Girl's Transport Tobacco Fund and the National Cigarette Service Committee sent millions of cigarettes overseas, and even the YMCA, which previously had campaigned against smoking, sold and gave away cigarettes in the trenches. Finally, in 1918, the War

Department bestowed official government blessings on the smoking habit by making tobacco part of the daily ration. Cigarettes were no longer "coffin nails" or "little white slavers"; they were healthy, masculine, and—whoever would have thought it possible?—downright patriotic.

And that might have been the end of America's first great antismoking movement, and of this article, were it not for two important facts: first, we still have to get Bamberger and his colleagues out of the Salt Lake County jail, and second, in January, 1919, the Eighteenth Amendment was ratified by the states.

If the war provided a lift for cigarettes and smoking's social standing, passage of the "dry" amendment provided an even greater lift for the war-demoralized antismoking movement. If drinking could so easily be legislated out of existence, why not smoking? "Prohibition is won; now for tobacco," declared the evangelist Billy Sunday, and throughout the early postwar years rumors of an impending WCTU campaign to enact the "Nineteenth Amendment" were rife.

"The creaking tumbrel which carted King Alcohol to the gallows has been turned around and started back after Lady Nicotine," the *Cincinnati Times-Star* reported in 1919. "The time when the suggestion of tobacco prohibition could be laughed at has passed," the *New York World* warned, and even the moderate *New York Times* noted that "the Nineteenth Amendment shoves a saintly nose above the horizon."

The WCTU and the Anti-Saloon League denied that tobacco was next on the prohibition hit list, and at its "Victory Convention" in St. Louis in 1919 the WCTU vowed to continue its educational campaign against smoking but resoundingly defeated a resolution calling for an anti-



Lucy Page Gaston, who led the war on cigarettes, watches a youngster take the cure from Dr. D. H. Kress.

Library of Congress, 1919



tobacco amendment. Reports of a tobacco prohibition drive were a plot by the "web" to turn the country against alcohol prohibition, the WCTU charged.

Still, there were signs that a new antismoking crusade—if not a concerted campaign for a tobacco prohibition amendment—was under way. In 1919 the Indiana legislature, for example, considered but did not pass a bill to not only ban all public smoking—with offenders to be sentenced to hard labor—but to prohibit smokers from holding public office. "This savage filth must cease," one Indiana legislator declared. Presbyterians, Northern Baptists, and Methodists all called for a nationwide antismoking campaign, and even Lucy Page Gaston got back in the headlines.

Gaston had fallen on hard times since the war. In December of 1919 a *coup d'état* at International Anti-Cigarette League headquarters forced her to resign as league superintendent. She was not about to go away, however; the next day she announced her candidacy for President of the United States on the "clean morals, clean food and fearless law enforcement" platform. Although Gaston actually filed in the South Dakota Republican primary, she soon dropped out of the presidential campaign and set about reorganizing the old National Anti-Cigarette League. In 1920 she invaded Kansas and led a drive for strict enforcement of Kansas' anticigarette law. Kansas law-enforcement authorities, harassed into action, made a few perfunctory arrests. Gaston also wrote public letters to President-elect Warren G. Harding and to Queen Mary, urging them to quit smoking cigarettes. Finally she proved to be more than even upright Kansas could handle; in January, 1921, an embarrassed Kansas Anti-Cigarette League fired her, and Gaston set out for a new campaign in Iowa. A few months later the National Anti-Cigarette League board of directors, noting that what Gaston called her "Carry Nation tactics" were no longer the most effective means of fighting the cigarette evil, also fired her. At sixty-one, after twenty-five years of anticigarette campaigning, Lucy Page Gaston was out of a job.

Despite all the postwar antismoking activity, the movement seemed to be foundering. Between 1919 and 1921

Nebraska, Iowa, Arkansas, and Tennessee repealed their ineffective cigarette prohibition laws, and in 1921 the Idaho legislature first passed, and then almost immediately repealed, a ban on cigarette sales. In fact, only one state enacted a new, prohibitory anticigarette and antismoking law during the postwar antismoking campaign. That state was Utah.

Utah had banned cigarette sales to minors in 1896, but although cigarette prohibition bills were considered in later years, Utah generally muddled through the pre-war crusade without actively joining in. The postwar revival of that crusade found congenial ground in the state, however, particularly within the powerful Mormon church, and in 1920 a church publication hinted that the time had come for all-out war. By February, 1921, the church had lined up enough support to secure easy passage of a bill prohibiting cigarette sales, cigarette advertising, and smoking in any form in certain "enclosed public places," such as government offices, theaters, and—more germane to this article—cafés and restaurants. The bill sailed through the legislature with little public comment—no one really expected it to be enforced anyway—and was signed by Governor Charles Mabey. By June, 1921, cigarette sales and public after-dinner smokes were illegal in Utah, but as expected the new law affected Utah smokers hardly at all. Restaurant and theater proprietors seemed unwillingly to enforce it themselves, and the sheriff's office and the police department bickered over who would have the thankless task. In the end, no one enforced it.

In 1922, however, Mormon church president Heber J. Grant urged Mormon voters to elect officials who would promise to enforce the new laws. Benjamin R. Harries vowed to do just that, and in November, 1922, he was elected Salt Lake County sheriff. Soon after he took office, Sheriff Harries ordered a number of raids on suspected cigarette dealers, whereupon the dealers paid homage to the law by hiding their cigarettes and charging bootleg prices for them. Sheriff Harries obviously decided that more dramatic measures were required, because on February 20, 1923, Mr. Bamberger, Mr. Lynch, and Mr. Newhouse found themselves in jail.

As if their march down Main Street had not been humiliating enough, the three men were then informed that each would have to post a ten-dollar bond before he could be let go. The implication that so measly a sum could substitute for their word of honor was simply too much; an argument ensued. The three finally were released on their own recognizance by Judge Noel S. Pratt, but not before they had chided deputies Maus and Harris for not also arresting McKay. That did not help them, but it did result in another complaint being sworn. It was served by telephone, and McKay promised to surrender himself the next morning. Later that day Newhouse told a newspaper reporter that the entire affair was a "frame-up" and a political ploy by Sheriff Harries and his "asinine deputies." Sheriff Harries dismissed the accusations as "bosh" and ordered his deputies to continue to enforce the law. The next day several deputies raided the Hotel Utah grill room and the state capitol (where the



"I use it."



"I don't."

The doleful effects of nicotine on the teeth were revealed by Rev. George Trask in a mid-nineteenth-century tract.

AS-010 COLLECTION, NEW YORK PUBLIC LIBRARY



legislature was in session) and arrested six more smokers. The deputies were disappointed when they could find no smoking legislators to arrest.

The Salt Lake business community, then in the midst of a promotional campaign to attract new commerce and industry to the area, was horrified, not only by the arrests themselves but even more so by the awful publicity the entire episode had generated. Within twenty-four hours smoldering news accounts of the Salt Lake antismoking campaign had been plastered across newspaper pages from New York to San Francisco, and already there were reports that scheduled conventions in the city would be canceled if it continued. While restaurant and café owners posted signs reading "Look Out for Mike and John"—meaning deputies Mauss and Harris—or, more defiantly, "Dine and Smoke Here," members of the Salt Lake chamber of commerce met to plan a course of action. They soon were joined by representatives of the Salt Lake Lions Club, the Utah Manufacturers Association, and others. A few days later, as steam whistles throughout the city were sounded to protest the controversial laws, the prosmoking faction convened a standing-room-only meeting at the Orpheum Theater. "From coast to coast and from Canada to the Gulf of Mexico, Utah today is the object of ridicule," one businessman told the crowd. Others compared the meeting to the Boston Tea Party as a symbol of resistance to oppression. The formation of a new political party—"The Party of Freedom"—was announced, and Salt Lake City seemed about to be rent asunder by the issue.

The pressure finally proved too much for even the strongest supporters of the antismoking laws. Within a week the *Deseret News*, a Mormon publication, signaled partial surrender by endorsing a pending revision of the laws to allow cigarette sales to adults and reduce greatly the restrictions on public smoking. The amendment bill streaked through the legislature and was signed by a no doubt relieved Governor Mabey. Charges against Bamberger and his partners in crime were dropped. The Utah crusade was over.

The Utah anticigarette law was the last of its kind; although North Dakota and Kansas kept theirs until 1925 and 1927, respectively, they were never seriously enforced, Utah having demonstrated that strict enforcement caused more problems than no enforcement at all. There were periodic calls for the abolition of cigarettes and smoking by the WFTU, the Non-Smokers League, and others, but they never amounted to much; by the mid-1920's legislative action against smoking by adults had been thoroughly discredited. Antismoking emphasis shifted to women and children. The movement lost its most dedicated campaigner in 1924, when Lucy Page Gaston was struck by a streetcar as she left an anticigarette meeting in Chicago. She miraculously survived the accident to die eight months later of throat cancer. A delegation of schoolchildren recited the Clean Life Pledge at her funeral.

Cigarette sales continued to climb, reaching the magical 100-billion-a-year mark in 1928. Organized antismoking activity virtually disappeared in the 1930's and 1940's, save



Black teeth, loose women, wrecked boyhood, and Lucy Page Gaston notwithstanding, America smoked on.

for occasional pronouncements by religious groups and some barbed attacks by the *Reader's Digest*. By the 1950's medical evidence against cigarettes began to reach mildly alarming proportions; in response, cigarettes sprouted filters and the tobacco companies began to diversify into nontobacco products. In 1964 Surgeon General Luther Terry dropped his bombshell, and smokers began to worry. Cigarettes once again became the object of legislative action: packs carried health warnings, and the Marlboro Man rode off the television screen and onto the back covers of magazines. Nonsmokers began to demand smoke-free air in public, and states passed "indoor clean air acts." In 1976 the Utah legislature passed the Utah Indoor Clean Air Act, which prohibits smoking in certain "enclosed indoor areas," such as stores, offices, hospitals, and restaurants. So far the antismoking law has been generally ignored, due to a lack of funds for enforcement, and some Utah smokers continue to violate the law after every public meal.

State officials are planning a crackdown.

☆ Gordon L. Dillow is a free-lance writer from Missoula, Montana.

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in

HUMPHREY

"The Boy and the Cigarette Habit"

H.S. Gray

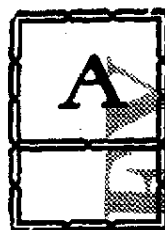
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## The Boy and the Cigarette Habit

H. S. GRAY, CHICAGO, ILLINOIS



AMONG those who express themselves emphatically on the cigarette question are two classes of extremists. In one class are those who, when they find a boy who is stupid, neurotic, insane, a degenerate, a delinquent, or a criminal who is also a cigarette smoker, attribute his condition and his misdoings wholly or almost wholly to cigarette smoking. In the other class are those who declare that cigarette smoking had little or nothing to do with the case and that cigarettes are being made a scapegoat. They do the same thing themselves that they condemn in their opponents; they go too far. In their desire to pose as broad minded they minimize the evil of cigarette smoking too greatly. Each class irritates the other by their misstatements.

The fault lies between these two extremes. The problem of determining to what extent cigarette smoking is the cause and to what extent the effect of a bad physical, mental and moral condition in a boy is a difficult one. The cigarette habit is partly cause and partly effect in the same person. The problem is always a complicated one because there are always other harmful factors along with the cigarette habit, such as some or all of the following—poor heredity, bad environment, malnutrition, vicious associates, or other bad habits aside from the cigarette habit. But, however many factors enter into the case, cigarette smoking furnishes its quota of harm. Since cigarette smoking impairs the physical condition, it follows that the mental and moral faculties are also impaired, such is the interdependence between them.

One hears it said that cigarettes are the least harmful form of tobacco and also that they are the most harmful, and this "most" and "least" is another bone of contention. Those who say that cigarettes are the least harmful form of tobacco usually take into consideration only the small quantity of tobacco in cigarettes as compared with the larger quantity and stronger quality in a cigar or pipe. Too much emphasis

the use of cigarettes, as may be ascertained by inquiry among school teachers and judges of juvenile courts. Sometimes the habit is begun at the age of six or seven.

That there is a tendency to smoke cigarettes to excess is a matter of common observation and is often frankly admitted by cigarette smokers themselves. Thirty to sixty cigarettes a day is not an unusual number for a cigarette fiend to smoke. Some have the proud distinction of exceeding even this number. Often the smoker does not know the number himself.

How hard it is to break off the cigarette habit after it has once gotten a firm hold, everyone can see for himself. Not only does a cigarette smoker crave more and more cigarettes, but in time they lead him to crave something still stronger, as many smokers admit. He gets to a point where he is not satisfied with cigarettes. He wants cigars, then the strongest cigar, or he takes to the use of liquor or drugs.

Many smokers, having heard the charge made that the tobacco in cigarettes is mixed with opium or other drugs and that the paper contains arsenic, roll their own cigarettes, thinking that by so doing they are escaping the injurious effects of cigarette smoking; but one kind is as injurious as the other. Cigarettes with nothing in them but tobacco and wrapped in paper that is free from poisonous admixture are sufficient to account for the harm done.

Young men frequently contend that cigarette smoking does them no harm and argue in defense of their practice that physicians themselves smoke cigarettes, and that, if cigarettes were very injurious, physicians would not use them. The same might be said of the use of cocaine, morphine, etc. Judging from the frequent notices that appear in the daily papers of doctors whose lives have been wrecked by the cocaine or morphine habit, the percentage of doctors addicted to the drug habit must be large as compared with the number found in other walks of life. Almost everybody can recall at least one instance that has come under his personal observation of a doctor who has ruined his career or cut short his life by the use of these drugs. Out of one hundred and twenty-eight patients treated in one year in a certain private hospital for alcoholic

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"I myself have not made any experimental observations respecting the effects of cigarette smoking on the health. I share the general idea that it is productive of great injury. This, I believe, is not particularly because the tobacco in cigarettes is different from that used for other purposes but because of the manner in which cigarettes are used and the age of the persons who use them. I think the greatest objection to cigarette smoking is the fact that it is practiced so extensively by very young persons. . . . Another objection to it is that the products of combustion of the cigarette enter the mouth and the lungs of the smoker with less purification and filtration than from either a pipe or a cigar. Another objection is the enormous numbers that usually are smoked, for some reason the cigarette habit being of such a character as to induce excessive smoking. I do not share the belief that cigarettes or the paper that wraps them are treated with opium or arsenic or any other poisonous matter. This idea is, I think, undoubtedly a mistaken one. I sympathize with those laws which forbid the smoking of cigarettes by minors. I am not a believer in sumptuary laws for people who have reached mature years and know their own business. I should be in favor of laws which would require the tobacco of cigarettes, as well as for other purposes, to be of the proper grade and to be properly branded. I am opposed to the name 'Turkish Cigarettes' when used on American tobacco. I should like to see all users of tobacco use it temperately, and especially those who use cigarettes, which appear, as I have already stated, to be more likely to injure health than almost any other form in which tobacco is used."—H. W. Wiley, *Chief of the Bureau of Chemistry of the United States Department of Agriculture.*

"I wish to make the following statement from the standpoint of the practical ophthalmologist: Inasmuch as cigarette smoking (that almost always includes the inhalation of the smoke) is particularly hurtful to the eyes of adults above forty years of age, when indulged in to excess, I am distinctly opposed to its use by minors. I freely admit that the effects of tobacco upon minors are more easily demonstrated upon the heart muscle, the digestive apparatus, and the nervous system than upon the

While connected with the Yale gymnasium Dr. Seaver made a comparative study of smokers and non-smokers. Of this investigation he says in *The Arena*, in an article on "The Effects of Nicotine": "For purposes of comparison the men composing a class in Yale were divided into three groups. The first was made up of those who did not use tobacco in any form; the second consisted of those who had used it regularly for at least a year of the college course; the third group included the irregular users. During the period of undergraduate life, which is essentially three and one-half years, the first group grew in weight 10.4 per cent more than the second, and 6.6 per cent more than the third. In height the first group grew 24 per cent more than the second, and 11 per cent more than the third; in girth of chest the first group grew 26.7 per cent more than the second, and 22 per cent more than the third; in capacity of lungs the first group gained 77 per cent more than the second, and 49.5 per cent more than the third." Similar results were shown by Dr. E. R. Hitchcock's investigation among the students of Amherst College.

"Cigarette smoking is a most pernicious practice, for it is used at that time of life when the human being is, in the processes of development, when the nutritive function should not be interfered with if ideal development is hoped for. Just how much harm is being done to the human race by cigarette smoking is hard to say, but the cigarette is not altogether to blame. Show me a child that has been raised normally—fed properly—kept away from coffee, tea, chocolate, cocoa, and given no meat until five or six years of age, and then very little—fed good wholesome food—that has slept in a well-aired bedroom—that has been taught to obey—to have some self-discipline—to know domestic authority, and I will show you a child that will not take to cigarettes or any other form of tobacco.

"The tobacco habit is one of the legitimate cravings of a degenerated hunger—it is the normal demand made by a diseased nervous system. This is so true that it ought to be common knowledge. The cigarette *per se* is not harmful, for a normal child would not put it in its mouth, and, if it did, it

"In an investigation I once made some time ago, the results of which are published in the Child-Study Monthly, I found that during a period of three years there were at least one hundred and twenty-five boys addicted to the use of cigarettes in this school. Among these one hundred and twenty-five were found nearly all of those pupils who were from two to five years older than the average age of children for the grade, as well as ninety per cent of those boys hard to discipline and all of those who were habitual truants. Those who were especially known for truancy gave various reasons for it. Some said they stayed out to smoke because they could not do without cigarettes for even half a day. Three children six years of age when they entered school had already formed the cigarette habit.

"Not more than ten of these one hundred and twenty-five were able to keep pace with their class. After the careful investigation of the cases of ten boys who were four or five years too old for their grades, I found that each one had begun school at six years of age and had made satisfactory progress up to the time he began smoking, when all progress stopped. I succeeded in getting many of the smokers to break off the habit entirely, and a few of them, formerly the lowest in their class, became the best.

"When I discover that a boy is using tobacco, I first of all have a frank and friendly talk with him, and then I give him some pamphlets, magazine articles, etc., on the injurious effects of cigarette smoking to read, a large supply of which literature I keep on hand for just this purpose. I also send for his parents and try to impress on them the gravity of the situation and to enlist their co-operation. In this way, by nipping the practice in the bud, I have greatly reduced the number of cigarette smokers in this school.

"It is astonishing how many boys, by their own confessions, steal to get money with which to buy cigarettes. The boys tell me that they never buy candy or fruit with the money; that it all goes for cigarettes, and that they would not have stolen money for any other purpose.

"Cigars and pipes are smoked to a considerable extent by boys in the seventh, and especially the eighth grade, to say

educators as to the injurious effects, both physical and mental, when tobacco is used by boys or by young men who have not yet reached maturity. . . . Not less distinctly marked are the effects of tobacco upon the scholarship than upon the physical endurance of students. It is rarely the case that a student who makes any use of tobacco attains to superior scholarship. A complete tabulation of the scholarship and tobacco using habits of young men in the academy at one time discovered that out of 300 young men 22 per cent of the whole number made more or less use of tobacco. Among the 75 per cent having the highest standing only two were tobacco users, or 3 per cent. Among the second quarter in scholarship there were eleven, or 14 per cent. Among the third quarter fifteen, or 20 per cent, while among the lowest quarter there were forty-two, or 56 per cent. A similar comparison, if made in any other year or for a period of years, would have given very similar ratios. Of all forms of tobacco using, cigarettes are without question the most harmful.

"I am convinced of the destructiveness of the cigarette habit, and believe in its total eradication, if this can be brought about. Cigarette smokers will show the effect of the habit in carelessness and listlessness in their work and general unreliability. I assume, as soon as I learn that a student is a cigarette smoker, that his scholarship will never be above the average, and usually will be below the passing point, and that it will only be a question of time when we will have to drop him from our student community."—*Arthur H. Wilde, Principal of the Academy of Northwestern University, Evanston, Illinois.*

In his *Strength of Being Clean, a Study of the Quest for Unearned Happiness*, a little book full of profound wisdom and flashing with epigrams, Prof. David Starr Jordan, a distinguished scientist, president of Leland Stanford Junior University, says: "Happiness must be earned, like other good things, else it cannot be held. . . . No one rides deadhead on the road to happiness. He who tries to do so never reaches his destination. He is left in the dumps. . . ."

"The basis of intemperance is the effort to secure through drugs the feeling of happiness when happiness does not exist.



to show that the practice of smoking tends to become tyrannical as concerns even those who do not themselves wish to smoke, since it is plain that they are often made to feel that they are not coming up to what is expected of them, or are made to feel that they are unsocial if they do not share in the smoking habit."—*Henry C. King, President of Oberlin College, Oberlin, Ohio.*

Judges of juvenile courts, superintendents of reform schools and of departments of compulsory education come in close contact with large numbers of boys who are cigarette smokers. Below are quoted statements from several well-known men holding such positions:—

"Some years ago, before I inquired into the subject, I shared the widely prevalent notion that this agitation for abolishing the cigarette is more or less of a joke; but since accepting my present position and after seven years' experience in that position dealing with from fifteen thousand to sixteen thousand children a year—and by that I do not mean they are all truants, but temporary absentees as well as truants—I have come to the conclusion that the cigarette evil is one of the most vital questions before the people to-day and a peril to school children which should be eliminated.

"I have sent 1,015 boys to the Chicago Parental School, a school for habitual truants under fourteen years of age, together with a few class-room incorrigibles. Eighty per cent of this number were cigarette smokers. In considering these figures it should be borne in mind that all during the time I am speaking of there was a state law in Illinois, reinforced by municipal ordinances, forbidding the sale or giving away of cigarettes to minors. I have here some statistics to prove beyond doubt that cigarettes create the backward pupil, and from the ranks of the backward pupil we get most of our habitual truants. The boys sent to this institution range in age from seven to fourteen. The average age is eleven and a half. I found many boys who were twelve, thirteen and thirteen and a half years of age who were only in first, second or third grade. Three hundred and one of these boys at the parental school came from the third grade, 217 came from the second

the efforts of Judge George W. Stubbs of the Juvenile Court in Indianapolis that this law was passed. One of the probation officers of his court collected the opinions of teachers, principals and superintendents of schools all over the country on the subject of cigarette smoking among their pupils. Extracts from these letters Judge Stubbs included in an address he delivered in December, 1904, before the Indiana State Teachers' Association, an address which was subsequently printed in pamphlet form, and of which he says: "The opinions expressed in that address have become more intensified and firmly fixed than ever by my experience during the last four years with boys who use cigarettes."

"Since the Juvenile Court was established here a little more than a year and a half ago, I have had before me 1,540 boys and girls—mostly boys—charged with offenses against law. These charges covered the entire list of offenses known to the law in Indiana, from the most trivial misdemeanor to the greatest of crimes. In inquiring into the causes that have brought about such a great increase in the number of offenses against the law in the last few years by boys, I have reached the conclusion that, aside from the frailties and weaknesses that afflict humanity and that are likely to develop into crime, especially where there is lack of parental control or where the parents themselves belong to the ignorant or vicious classes, by far the most potent factor is the cigarette habit. . . . I have found that in nearly every case where the offense charged was of a grievous, criminal or degrading and debasing nature, the defendant was a user of cigarettes. . . . Cigarette fends come to think that an education is unnecessary and all kinds of work a nuisance."

"I have had boys before me who had sold their own clothes, and in one case a boy of about fourteen had stolen his mother's dress skirt and had even stolen the blankets off her bed and sold them to a secondhand dealer to get money for cigarettes. Many mothers have told me of their boys having taken articles out of the house to sell in order that their craving appetite for cigarettes might be satisfied. One had taken a chair, another had taken pictures, and one in the course of a few months had

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"Cigarette smoking begins with an effort to be smart. . . . I do not make my appeal to the cigarettist himself, because it is of no use. He has a fixed belief that he is immune and that all men are mortal but himself. His name is Mr. Knowitall. For the young man who has become so calloused that he smokes cigarettes in the presence of his mother, sister or sweetheart, there is little hope. Hope is only for the youth who is ashamed of his lapse. The poison has already tainted the cigarettist's moral nature, and for him the work of dissolution, disintegration and degeneration has begun. He is a defective—a physical, mental and moral defective.

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system of a human being—this beautiful structure capable of enjoying all that the universe contains, or of suffering all that the imagination can picture. The use of cigarettes by the young is nothing more or less than a slow but sure form of painful, lingering suicide to the best part of human life. Many of my young acquaintances are to-day in their graves by the use of cigarettes. Would you place sand in a watch? Would you smudge a house full of beautiful pictures?

"We endeavor in every way to prevent cigarette smoking among our students. We have had at times young men in all stages of the habit. While the injurious effects are not so manifest in the early stages, we find that one who has practiced the habit for any considerable time is inclined to be quite nervous, and unable to concentrate his mind, and cannot in consequence do the quality of work that we would expect from one of average ability. Some smokers show marked stupidity and listlessness.

"The average employer is very much disinclined to employ a person who is addicted to the habit; in fact, there are several prominent concerns here that will not employ cigarette smokers. There are probably no employers who would not prefer a person free from the habit. Some of them are more particular about it than others; still, I think the general feeling and attitude places the cigarette smoker at a disadvantage in the business world, not only on account of the feeling against the habit, but because of the impairment of his faculties that is sure to follow the continued practice. In the present-day business life one cannot hope to meet with the success to which he is justly entitled, unless he has every possible physical and mental advantage in order to meet on equal footing those with whom he must necessarily compete. Certainly the habit can be looked upon in no other way than as an affliction, and one which is sure to detract from the success qualities of its possessor. Were it only possible to stamp it out entirely, it would mean, I think, a change from almost sure failure to a successful career for many young persons."—*The Metropolitan Business College, Chicago.*

"It is very customary for business men to slip in this inquiry

## Luther Terry's 10th Anniversary

## The Crusade's White Knight

By MARCI SHATZMAN

Of The Bulletin Staff

LUTHER TERRY settled back on his living room sofa and with tongue implanted firmly in cheek explained why he, of all people, still has ashtrays in the house.

"We figured it was a better idea than having our guests who smoke dropping ashes all over the carpet," said the unflappable former U.S. Surgeon General. After 30 years in the Midwest and East, there are still traces of his Red Level, A.I.A., drawl.

That smoking is permitted at all in the Terry Delandey place town house says something about the man who 10 years ago today became the cigarette Public Enemy Number One.

Despite what he childishly called "efforts by the media" for a sneak preview, it was on Jan. 11, 1964, that the then-surgeon general released his advisory council's bombshell report on smoking and health. Earlier studies had linked lung cancer and smoking too, but this one had the staying power.

It became the bible of the anti-smoking movement, a cause which still has a zealous

FORMER U. S. Surgeon General Dr. Luther Terry — "I felt I was taking on a task which involved a serious impact on one of our great industries..."

Photo by Salvatore C. DiMarco Jr., of The Bulletin

Dr. Terry recalled his state of mind in mid-1961 when President John F. Kennedy, who had appointed him, OK'd his plan for the advisory council.

"I felt I was taking on a task which in-



involved a serious impact on one of our great industries and would have an impact on the farmers, on our tax returns," he said.

## The Opposition

He was surprised that there wasn't more opposition.

"We made sure there was no political interference," he said. "Oh, some members of Congress (from the tobacco states) had violent disagreements with me, but they didn't overtly attempt to obstruct the study."

"The tobacco industry had agreed in advance to give us information and they did."

"I think they felt that if they refused, it could be so overtly obstructive it would be a hard public relations position to be in, in my judgment."

What they did to combat the report's findings was to claim that the facts were not all as Dr. Terry said.

But they were. Dr. Terry claims, at least when it came to lung cancer, chronic bronchitis and emphysema.

"There was definitely a statistical relationship between smoking and heart disease, but we came up with that," he said.

## Personally Satisfied

For Dr. Terry, satisfying to see things born.

No.  
com.  
report.  
public.  
Congress.  
information.  
What my.

# Terry—Champion and Dragon Slayer

Continued from Page 23

Impact his report had when, as he says, it contained no surprises.

His predecessor, Dr. Leroy Burney, had published an article linking smoking and lung cancer, but it didn't move the masses. There also had been several substantial medical studies which — except for the medical community — were largely ignored.

## The White Knight

So while he was not the first to warn America's smokers, he was the first to catch their attention. Does that make him the white knight of the anti-smoking crusade?

"Maybe it's a little bit of egotism," he said, "but the facts would bear it out."

"Up to 1964 there was a year-by-year increase in smoking. That was the first year we saw any downward break in the curve."

"Today, in fact, we not only have stopped the increase but have reverted to the pattern of 15 years ago."

He is one of the statistics.

After 25 years, his findings scared him into giving up cigars for a pipe and then finally quitting altogether.

"It was a matter of, as Li'l Abner says, 'As any fool can plainly see.' " he said. "The evidence had been building up for so long."

In the last 10 years Dr. Terry, who left his surgeon general's post in 1965 to become the University of Pennsylvania's vice president for medical affairs (he's now on the medical faculty), has had the pleasure of seeing positive effects of his work.

## Labeling Act

"Of course the biggest thing was the cigaret labeling act of 1965," he said. "It was our first big break with Congress in doing something about smoking."

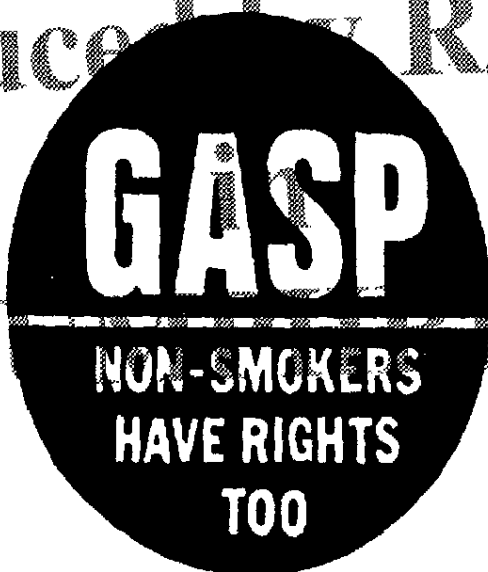
"It was a difficult thing. But a lot of people in Congress felt good about it and moved fast. Really, I think that was the break in the dam."

There have been other gains since then too. The ban on

cigaret advertising on radio and TV. The stronger health warning messages on cigaret packages in 1970.

"My biggest disappointment is our inability to be suf-

ficiently convincing to the youth," he said. "There's been a significant drop in adult smoking, but male youngsters between 12 and 18 show a slight but significant



GASP (Group Against Smoking Pollution) was started in College Park, Maryland three years ago and now has between 10 and 15 chapters nationwide.

increase.

And we had hoped and expected that when cigaret advertising was dropped that radio and television would not drop non-smoking messages. But they have, almost totally. I thought they'd feel more responsible, but they haven't. Oh, you'll see a five-second blip. But they tell us they have other public service announcements and we'll just have to wait in line."

The setbacks haven't discouraged him, though.

## Priority List

At 65, Luther Terry still has his priority list.

"I'd like to see a louder, clearer voice carry out programs for the benefit of the non-smoker."

"The abuses of advertising have continued in the printed media and I particularly resent the use of sporting events. I'd really like to see Congress pass a law banning all cigaret advertising, but there is an issue of constitutionality."

"I would like to see the

health warning in a more prominent position on cigaret packages and have the message say, 'Cigarette smoking is dangerous to your health and may be responsible for cancer of the lungs and other organs, emphysema and heart disease.' "

Finally, he is hoping for a more effective medium for the message to young people.

The man known in his Washington days as the "on-stuffed shirt" had other concerns when he was surgeon general. But the ill effects of smoking stayed with him, as the findings of his report have stayed with many Americans.

Along with his present consulting work with the American Cancer Society in New York and with an academic firm, University Associates in Washington — to which he continues — he's enmeshed in the anti-smoking campaign.

As an ex-smoker who will never underestimate how hard it is to quit, "Frankly, I would really like to smoke," he said, "and if it didn't hurt my breath I probably would."

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HUMPHREY

# The Health Consequences Of Smoking

## NICOTINE ADDICTION

*a report of the  
Surgeon General*

1988

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Centers for Disease Control  
Center for Health Promotion and Education  
Office on Smoking and Health  
Rockville, Maryland 20857

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throughout the day than in nicotine concentrations. As expected, there is a gradual increase in cotinine levels during the day, peaking at the end of smoking and persisting in high concentrations overnight.

## Intake of Nicotine

### *Cigarette Smoking*

Nicotine intake from single cigarettes has been measured by spiking cigarettes with  $^{14}\text{C}$ -labeled nicotine (Armitage et al. 1975). That study of eight subjects, each smoking a single filter-tipped cigarette, indicated an intake range of 0.36 to 2.62 mg. Intake was higher in smokers than in nonsmokers. Intake of nicotine from smoking a single cigarette or with daily cigarette smoking has been estimated by methods similar to those used in drug bioavailability studies (Benowitz and Jacob 1984; Feyerabend, Ings, Russell 1985). Metabolic clearance of nicotine was determined after i.v. injection. Metabolic clearance data were then used in conjunction with blood and urinary concentrations of nicotine measured during a period of smoking to determine the intake of nicotine. In five subjects, average intake of nicotine per cigarette was 1.06 mg (range, 0.58 to 1.49 mg) (Feyerabend, Ings, Russell 1985). In 22 cigarette smokers, 13 men and 9 women who smoked an average of 36 cigarettes/day (range 20 to 62), the average daily intake was 37.6 mg, with a range from 10.5 to 78.6 mg (Benowitz and Jacob 1984). Nicotine intake per cigarette averaged 1.0 mg (range 0.37 to 1.56 mg). Intake per cigarette did not correlate with yields obtained by smoking machine using standard Federal Trade Commission methods. This is because smoking machines smoke cigarettes in a uniform way, using a fixed puff volume (35 mL), flow rate (over 2 sec), and interval (every minute). Smokers smoke cigarettes differently, changing their puffing behavior to obtain the desired amount of tobacco smoke and nicotine.

### *Elimination Rate as a Determinant of Nicotine Intake by Cigarette Smoking*

There is considerable evidence that smokers adjust their smoking behavior to try to regulate or maintain a particular level of nicotine in the body (Gritz 1980; Benowitz 1982). For example, when the availability of cigarettes is limited, smokers increase their intake of nicotine. This is reflected in the correlation between the rate of elimination and the daily intake of nicotine (Benowitz and Jacob 1984).

Techniques for measuring daily intake of nicotine (Benowitz and Jacob 1984) have been applied to study the influence of elimination on nicotine intake. The rate of renal elimination of nicotine was measured in smokers during treatment with ammonium chloride or sodium

bicarbonate to acidify or alkalinize the urine, respectively (Benowitz and Jacob 1985). Compared with daily excretion during placebo treatment (3.9 mg nicotine/day), acid loading increased (to 12 mg/day) and alkaline loading decreased (to 0.9 mg/day) daily excretion of nicotine. The total intake of nicotine averaged 38 mg/day. Average blood nicotine concentrations were similar in placebo and bicarbonate treatment conditions but were 15 percent lower during ammonium chloride treatment. Daily intake of nicotine was 18 percent higher during acid loading, indicating compensation for increased urinary loss. The compensatory increase in nicotine consumption was only partial, replacing about half of the excess urinary nicotine loss. Bicarbonate treatment had no effect on nicotine consumption, consistent with the small magnitude of effect on excretion of nicotine in comparison to total daily intake.

These results seem compatible with the suggestion of Schachter (1978) that emotional stress, which results in more acidic urine, might accelerate nicotine elimination from the body and thereby increase cigarette smoking. But caution must be exercised in applying these findings to usual smoking situations. These studies were performed under conditions of extreme urinary acidification or alkalinization, so that the changes in renal clearance would be maximized. Even with extreme differences in urinary pH, differences in overall nicotine elimination rate and smoking behavior were modest. This is because renal excretion is a minor pathway for elimination of nicotine; most is metabolized. Smaller changes in urinary pH, such as occur spontaneously throughout the day or that might be related to stressful events, would not be expected to substantially influence nicotine elimination or smoking behavior.

### *Biochemical Markers of Nicotine Intake*

Absorption of nicotine from tobacco smoke provides a means of verification and quantitation of tobacco consumption. The general strategy is to measure concentrations of nicotine, its metabolites (such as cotinine), or other chemicals associated with tobacco smoke in biological fluids such as blood, urine, or saliva. Different measures vary in sensitivity, specificity, and difficulty of analysis. Different investigators have used blood or urinary nicotine concentrations, blood or salivary or urinary cotinine concentrations, expired carbon monoxide or carboxyhemoglobin concentrations, or plasma or salivary thiocyanate (a metabolite of hydrogen cyanide, a vapor phase constituent) concentrations as measures of tobacco smoke consumption.

Relationships among daily intake of nicotine, daily exposure to nicotine (that is, blood concentrations of nicotine integrated over 24 hr), various parameters of cigarette consumption, and different

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# Nicotine Addiction:

## *Principles and Management*

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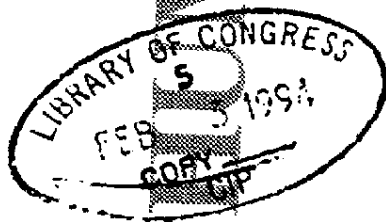
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## Psychopharmacology of Nicotine

JACK E. HENNINGFIELD, CAROLINE COHEN, and  
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Nicotine as delivered by use of tobacco products is highly addictive (see also Chapter 1). Regular ingestion of the alkaloid often produces a drug dependence in exactly the same sense that regular ingestion of heroin, cocaine, and alcohol can produce dependence. While the cultural context of drug use may influence the prevalence of dependence on a particular drug and the chances that a casual user will become addicted, pharmacologically, nicotine is as addictive as heroin and cocaine, although not more so (Henningfield, Cohen, Slade 1991). This chapter discusses the psychopharmacology of nicotine in the context of drug dependence in general.

The focus of this chapter is on the pharmacologic actions of nicotine that are important in the establishment and maintenance of nicotine dependence. Other chapters address the equally important social and environmental determinants of tobacco use, such as social pressures to use tobacco (Chapter 4) and the availability and financial cost of tobacco products (Chapter 3). Chapter 10 provides clinical guidelines for assessing the degree of nicotine dependence in an individual patient.

Nicotine produces a broad and diverse range of effects of which only some are clearly relevant to the behavior of smoking. For example, nicotine, like morphine, can elicit vomiting and reduce skeletal muscle tone; nicotine, like cocaine, can increase heart rate and produce vasoconstriction; nicotine, like alcohol and barbiturates, can induce marked intoxication, especially during early use episodes. These effects of nicotine

do not, however, appear to be prominent influences on tobacco use. How does nicotine affect mood and behavior? What physiologic actions of nicotine are important in determining why people smoke? Among the effects of nicotine that smokers find desirable, which might be considered specific effects of nicotine administration and which are more appropriately considered suppression of undesirable nicotine withdrawal effects? Answers to these questions are not only important for better understanding of the reasons people smoke and the difficulties many face in their attempts to quit, but they also can help patients and health care providers understand which factors they can manipulate in the management of addiction to nicotine.

### GENERAL PHARMACOLOGY OF NICOTINE

An overview of the chemistry, pharmacodynamic, and pharmacokinetic properties of nicotine is included because these properties influence its psychopharmacologic characteristics. The material is supplemented in this book in Chapters 1 and 10, the 1988 Surgeon General's Report (USDHHS 1988), and Gilman and associates (1985). The interested reader may consult these sources for original references.

As shown in Figure 2-1, nicotine is composed of a pyridine and a pyrrolidine ring. It is one of the few natural alkaloids that exist in the liquid state. The pure alkaloid is a clear, volatile, alkaline liquid that turns

Fig. 2-1

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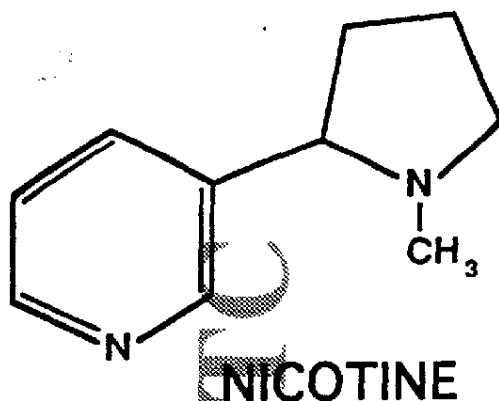


Fig. 2-1 Nicotine.

brown on exposure to air. It has the smell of tobacco. Nicotine may exist in two different stereoisomers. Pharmacologically active L-nicotine is the only form found naturally, although cigarette smoke contains about 10% d-nicotine apparently derived from racemization during the combustion process.

Various forms of tobacco contain differing amounts of nicotine; the tobacco in cigarettes contains about 8 mg of nicotine. This amount is similar across all brands of cigarettes whether they are "low yield" or not. However, the amount of nicotine delivered to the smoker varies widely across cigarette brands from 0.1 to 1.9 mg per cigarette.

Although nicotine is the major alkaloid in tobacco accounting for about 1.5% of the dry weight of tobacco, other alkaloids are present in smaller quantities. These substances make up about 8-12% of the total alkaloid content and may have pharmacologic importance. Among these alkaloids are: nor-nicotine, anabasine, myosmine, anabutine, and cotinine. Smoking topography and cigarette design influence the delivery of the component alkaloids including nicotine.

### Pharmacokinetics and Metabolism of Nicotine

#### Production of Nicotine

Nicotine is distilled from burning tobacco carried on "tar" droplets and in the smoke. Absorption across membranes depends on the drug being available in its nonionized state. Nicotine is a weak base with a pK<sub>a</sub> of 8.0; in alkaline media, the mol-

ecule is nonionized, while in acidic media, it is ionized. Most cigarette smoke (from flue-cured tobacco and "American blend" mixtures) is acidic and the acidity increases as the cigarette is smoked. Consequently, there is little buccal absorption of nicotine after cigarette smoking. Smoking from air-cured tobacco (used in cigars, pipes, and some European cigarettes) has an alkaline pH, and considerable nicotine absorption occurs in the mouth. After cigarette smoking, nicotine is rapidly absorbed from the lung where the pH rises to 7.4 and the surface area is large. Smokers absorb up to 90% of the nicotine in the mainstream cigarette smoke.

Chewing tobacco, snuff, and nicotine polacrilex gum have an alkaline pH that facilitates the buccal absorption of nicotine. Nicotine base is also readily absorbed through the intact skin. Such absorption accounts for cases of toxicity in tobacco field workers and from nicotine-containing pesticides. Transdermal absorption is applied therapeutically in the nicotine patch, which is available as an adjunct to smoking cessation (Chapter 12).

Bioavailability of nicotine in the gastrointestinal tract is limited. Nicotine is poorly absorbed from the stomach due to the acidity of the gastric fluid. Nicotine is absorbed from the intestine, but it largely undergoes metabolism on first pass through the liver before it enters into the systemic circulation.

#### Metabolism of Nicotine

Nicotine is extensively metabolized before elimination. Depending on urine flow and pH, from 2 to 35% of nicotine is excreted unchanged, but typically the range is from 5 to 10%. Most metabolism (85-90%) occurs in the liver to the primary metabolites cotinine and nicotine oxide. The cotinine pathway is a cytochrome p 450-dependent, two-step oxidation process. Cotinine itself is extensively metabolized (only about 17% is excreted unchanged) to further oxidized products including (among others): cotinine oxide, nor-cotinine, and cotinine methonium ion. The liver metabolism is rapid and nearly complete. Total clearance averages 1,300 ml/min and nonrenal clearance averages 1,100 ml/min. Nonrenal clearance represents

about 70% of liver blood flow, indicating that about 70% of nicotine is cleared from the blood during each pass through the liver.

After an intravenous dose of nicotine, there is rapid distribution to body tissue—especially the brain. After tissue equilibrium, the half-life of nicotine in the blood is about 120 minutes. The half-life is useful in describing the blood nicotine levels observed in smokers over a 24-hour period. Upon arising, blood nicotine averages 5 ng/ml. These levels rise with the day's smoking to a plateau of 30–40 ng/ml over 3–4 half-lives (6–8 hr). The blood nicotine levels then gradually decline after the subject discontinues smoking at bedtime. Peaks and troughs follow the smoking of each cigarette, but as the day progresses the overall level increases and the influence of each cigarette diminishes. Thus, nicotine is not a drug to which the smoker is intermittently exposed. Rather, considerable accumulation occurs over the day and appreciable levels of nicotine persist in the plasma.

The metabolism and elimination of cotinine is of interest because of blood and urine levels of cotinine are used as qualitative indices of nicotine ingestion. Cotinine blood levels average about 250 ng/ml. After stopping smoking, the levels decline with a half-life of 18–20 hours. The long half-life is consistent with the observation that cotinine levels show little fluctuation with each cigarette over the day.

### Pharmacologic Properties

Nicotine is a powerful pharmacologic agent that changes cardiovascular, neural, endocrine, and skeletal muscle functions. Its effects are dependent on dose, rate of administration, tolerance level of the person, and rate of elimination. While the focus of this chapter is on the effects of nicotine responsible for its abuse liability, it is important to recognize that other actions of nicotine are present, and the person may associate these with the reinforcing effects of tobacco.

Nicotine readily crosses biological membranes and acts upon specific receptors in the brain and the periphery. Activities at receptors in the brain are associated with changes in electrical cortical activity as well

as with the generation of evoked potentials and motor potentials.

Nicotine affects nearly all components of the endocrine and neuroendocrine systems. For example, it stimulates the release of anterior and posterior pituitary hormones including: prolactin, adrenocorticotrophic hormone (ACTH), B-endorphin, B-lipotropin, growth hormone, vasopressin, and neurophysin.

Nicotine has direct and indirect effects on several neurotransmitters. At peripheral autonomic ganglia, nicotine is a cholinergic agonist at low doses and an antagonist at high doses. Besides its direct action at ganglionic cholinergic receptors, nicotine releases acetylcholine (ACh) from the myenteric plexus. Release of ACh from neurons in the cerebral cortex is thought to be responsible for the electroencephalogram (EEG) activation seen after nicotine administration.

Nicotine releases epinephrine and norepinephrine from the adrenal gland and from peripheral nervous tissue. The pressor response to nicotine in the cat is due in part to epinephrine release from the adrenals. The increase in heart rate after nicotine in humans is also due to adrenal mechanisms. Nicotine also releases norepinephrine and dopamine from neurons in the brain. These effects are thought to be involved in its neuroendocrine activation.

### Receptor Interactions

Nicotine binds to specific receptors on neurons in the central nervous system (CNS) and to receptors in the periphery located on cells in autonomic ganglia and on skeletal muscle cells. The binding sites on the autonomic ganglia and adrenal medulla (C6 or ganglionic type) are ordinarily activated by ACh. Nicotine binding at these sites is blocked by hexamethonium. Binding sites on skeletal muscle (C10), are located at the muscle end plate. ACh ordinarily activates these sites, which are blocked by decamethonium and alpha-bungarotoxin. Generally, higher doses of nicotine are required to stimulate C10 receptors than C6 receptors. Doses of nicotine in ordinary smoking do not affect the muscle end plate. In the brain, C6-type

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receptors have been identified, and the action of nicotine at these sites alters electrophysiologic responses, local metabolism, neurotransmitter release, and behavior. Many of these actions are prevented or reversed by mecamylamine, a C6 nicotine antagonist with central and peripheral actions.

### Cardiovascular Effects

Among the most prominent and easily measured effects of nicotine are increases in heart rate and blood pressure, and decreased skin temperature due to vasoconstriction in the extremities. These actions are due to stimulation of the sympathetic autonomic ganglia, release of catecholamine from the adrenal medulla, and discharge of catecholamines from sympathetic nerve endings. Nicotine also stimulates chemoreceptors in the carotid artery and the aortic arch causing reflex tachycardia, increases in blood pressure, and vasoconstriction.

### Gastrointestinal Effects

Nicotine stimulates parasympathetic autonomic ganglia and the release of ACh from the myenteric plexus and nerve endings. These changes increase tone and motor activity of the bowel and occasionally produce diarrhea. Nausea and vomiting also occur, but these effects are due to nicotine's effect on the brain stem.

### PERCEPTIONS OF NICOTINE DEPENDENCE

In the 1950s, World Health Organization (WHO) experts made a distinction between "habituating" and "addicting" drugs based largely on whether a characteristic withdrawal syndrome was evident following abrupt cessation of a drug and on the apparent strength of the resulting drug-seeking behavior (WHO 1952). At the time, the addictions were widely considered to be personality disorders. The requirements that there be a withdrawal illness for a drug to be regarded as addictive was dropped in 1964 (WHO 1964). This same group of experts recognized that the strength of drug-seeking

could vary widely both within and across drugs so that this feature was not useful in attempting to differentiate drugs according to whether they were *addictive* or *habituating*. Another landmark came in 1980, when the American Psychiatric Association classified drug addictions separately from personality disorders (APA 1980). For several centuries references had been made to compulsive or addictive tobacco use, but it was not until the 1970s that biomedical research and epidemiologic observations left little doubt that nicotine was a highly addicting drug (Russell 1976). In the 1980s, the National Institute on Drug Abuse, and then the U.S. Surgeon General, came to similar conclusions (USDHHS 1984, 1987; see Kanigel 1988; USDHHS 1988).

We now understand that drug dependence, or addiction, is a compulsive behavior in which the role of a specific psychoactive drug is prominent. Important to this concept is the notion that dependence-producing drugs can be identified independent of specific examples of drug addiction in humans. That is, the abuse or addiction liability as well as physical dependence potential of chemicals can be predicted from the results of various human and animal test procedures. It is helpful to consider the status of nicotine as a dependence-producing drug and tobacco use as an instance of drug dependence from both epistemological and empirical perspectives. The epistemology of nicotine dependence has evolved with those of other drug dependencies over the past several decades. It is interesting to identify the conceptual threads that have remained common and those that have changed as clinical observations and experimental data have accrued over time. The empirical perspective compares the pharmacology of nicotine and the behavior of tobacco self-administration to the pharmacology of and the behaviors associated with other drug dependence disorders (e.g., opioid, cocaine, and alcohol dependence). We will draw such comparisons later in this chapter.

### Epistemology

From the earliest recorded uses of the term *addiction*, its primary connotation has been

of the behavior of individuals. for example. "addicted to others for stipendes" (in the year 1560), "addicted to virginie" (in 1590), "addicted to wine or strong drinke" (in 1612), and "addicted to useful reading" (in 1771) (Murray et al. 1933). The referent for the term *addiction* was the behavior of the individual, and the connotation was that the behavior was very strong, excessive, irrational, or compulsive. The term *drug addiction* came to describe compulsive self-administration of substances such as alcohol, opiates, marijuana, and cocaine which directly alter behavior and which produce effects that promote readministration. In the 1940s and early 1950s, the term *drug addiction* assumed additional meaning. It came to carry the implication that, following a period of continuous use, deprivation of an addictive substance would lead to a withdrawal syndrome (WHO 1952). This refinement emerged largely from studies documenting the withdrawal syndrome occurring when morphine use was suddenly discontinued. The notion that a chronic state of intoxication was produced was also frequently referred to and appears to have arisen from observations of chronic high dose alcohol use because this characteristic did not apply to the tolerant morphine user. More recent clinical and research formulations of drug addiction do not place such central emphasis on withdrawal syndromes and intoxication (WHO 1964; APA 1980; 1987; USDHHS 1988). The common thread through the twentieth century has been the same as that which started centuries earlier, namely, the compulsive-appearing behavior of drug self-administration.

Laboratory evaluations of abuse liability identify drugs that produce the effects which appeal to addicted users with a high degree of specificity (Jasinski and Henningfield 1989). Thus, the abuse liability can be estimated even before addictive patterns of use are observed. The ability to specify and measure such features of drugs, and to make accurate predictions, has not only been of enormous value in protecting public health, it has also validated many of the theoretical underpinnings of the testing procedures.

### Definitions

*Drug dependence* is synonymous with drug addiction; however, the term *dependence* is preferred by the WHO and other organizations that are concerned with public health (WHO 1982). The term *drug dependence* will be used throughout this chapter since it is also somewhat less encumbered by overly general use (e.g., the so-called addictions to love, sugar, and video games), and it has fewer antisocial connotations than the term drug addiction. Drug dependence may be defined as a substance-seeking behavior involving a psychoactive drug that acts in the CNS; tolerance and physiologic withdrawal may or may not be present (WHO 1982; Jaffe 1985). Drug dependencies are not distinct from habitual or compulsive behaviors but, rather, they form a subset of habitual or compulsive behaviors in which the role of a specific, exogenously administered, centrally active chemical is critical. The term *drug abuse* is often used synonymously with drug dependence; however, at times this term is used to designate a broad range of inappropriate or nontherapeutic drug use in which the actual level of dependence might be negligible.

As is increasingly well understood, tobacco use is often a form of drug dependence in which nicotine is the dependence-producing drug. In fact, tobacco use and nicotine meet criteria set forth not only by the 1964 and subsequent definitions of drug dependence by the WHO, but data available today also show that nicotine would have met the 1950s definition of the WHO for an "addicting" drug (USDHHS 1988).

### ABUSE LIABILITY AND PHYSICAL DEPENDENCE POTENTIAL

What distinguishes tobacco use from compulsive gambling, eating potato chips, or compulsive sexual behavior? In part it is that tobacco use involves the self-administration of a specific psychoactive substance that shares critical features in common with prototypic dependence-producing substances such as morphine, cocaine, and alcohol. In fact, the role of nicotine in the use of tobacco

similar to the roles of morphine, cocaine, and ethanol in the use of opium, coca, and alcohol-based products, respectively. This conclusion stands whether these substances are termed *addicting*, *habituating*, or *dependence-producing*. Furthermore, experimental laboratory studies have shown that nicotine meets objective criteria as a drug with the pharmacologic actions that frequently lead to a state of dependence in those exposed. The distinguishing characteristics of dependence-producing drugs are listed in Table 2-1 (USDHHS 1988). The following is a brief review of these criteria and the data obtained in studies of nicotine.

The abuse liability and physical dependence potential of drugs may be assessed in laboratory studies by tests designed to quantify these factors (Jasinski, Johnson, Henningfield 1984; Brady and Lukas 1984). Abuse liability studies measure the effects of a drug that will result in its continued self-administration, even in the face of harm. Physical dependence potential studies measure physiologic and behavioral sequelae to repeated drug administration: specifically, physical dependence (evidenced by the occurrence of an abstinence-induced withdrawal syndrome) and tolerance (evidenced by decreased responsivity when doses are repeatedly given).

### Drug Delivery to the CNS

Typical methods of use of marijuana, opium, coca leaf, and alcoholic beverages all result in the delivery of a specific exogenous drug to the CNS. Similarly, all common forms of tobacco use result in the delivery of nicotine to the plasma, from which it is rapidly carried to the CNS. This observation is not incompatible with the finding that certain effects of nicotine are mediated by the peripheral nervous system, as well as by modulation of endocrine function. Moreover, certain subjective effects of substances of abuse may mimic those occurring during various activities (e.g., jogging and sex) or consumption of food: The intact nervous system has a large but limited variety of final common pathways that must be followed to elicit responses.

Along the earlier quantitative data on

Table 2-1 Criteria for Drug Dependence

Primary criteria
Highly controlled or compulsive use
Psychoactive effects
Drug-reinforced behavior
Additional criteria
Addictive behavior often involves:
stereotypic patterns of use
use despite harmful effects
relapse following abstinence
recurrent drug cravings
Dependence-producing drugs often produce:
tolerance
physical dependence
pleasant (euphoriant) effects

Source: USDHHS 1988.

nicotine distribution were those collected by Schmitterlow and colleagues (1967), who used radiotracer techniques to characterize the distribution of nicotine accumulation throughout the body, including the CNS. Nicotine was found to be quickly distributed to all highly blood-perfused tissues, including the brain. More recently, London and co-workers (London, Waller, Wamsley 1985; London, Connolly, Szikszay et al. 1985) have shown that nicotine binds to specific receptors in the rat brain with a distribution that closely parallels the patterns of metabolic stimulation in response to nicotine. They found that the density of nicotine binding sites was highest in the interpeduncular nucleus, the medial habenula, and the superior colliculus. They have used the autoradiographic 2-deoxy-D-[1-<sup>14</sup>C] glucose (or 2-DG) method to evaluate the possible changes in local cerebral glucose utilization as a function of the administration of a variety of dependence-producing drugs. Subcutaneous administration of nicotine to rats resulted in specific regional increases in glucose utilization. The greatest increases occurred in the habenulointerpeduncular system and portions of the thalamus. Increases were related to nicotine dose and were blocked by the centrally and peripherally acting nicotinic antagonist mecamylamine, but not by the peripherally acting antagonist hexamethonium.

### Abuse Liability of Nicotine

Heroin, cocaine, ethanol, and other dependence-producing drugs produce certain ef-



fects that distinguish them from drugs that are not generally abused. When given to persons with histories of drug abuse under double-blind, placebo-controlled conditions, such drugs produce characteristic responses on standard tests (Jasinski, Johnson, Henningfield 1984). (1) Subjects can discriminate drug from placebo and the reliability of the discrimination is related to the dose of the drug. If these effects are centrally mediated, then the drug is defined as *psychoactive*. (2) Scores on the empirically derived morphine-benzedrine-group (MBG) scale of the Addiction Research Center Inventory (ARCI) and scores on drug-liking scales are elevated in a dose-related manner. If these effects are also centrally mediated, then they define the drug as a *euphoriant*. (3) Presentation of the drug can condition and control behavior in such a way that the person will seek the drug. Demonstration of such potential of a drug to control subsequent behavior in both human subjects and animals shows that the biologic activity of the drug apart from the various aspects of the vehicle (e.g., cigarettes) is critical; the drug is then said to serve as a *positive reinforcer*.

When nicotine was tested in a series of such studies, the results showed that nicotine, in doses comparable to those delivered by cigarette smoking, is an *abusable drug*. That is, as will be described later, nicotine meets the criteria of being *psychoactive*, producing *euphoriant* effects, and serving as a *reinforcer*.

#### Nicotine as a Psychoactive Drug

By the 1920s, Lewin and others had concluded that nicotine produced effects on "mental function" and mood that were similar in some respects to those of other psychoactive drugs (Henningfield and Goldberg 1988). By the 1970s it had been definitively established that such effects were due to nicotine's actions in the CNS (see review in USDHHS 1988).

To permit a quantitative comparison of nicotine to other dependence-producing drugs, researchers at the Addiction Research Center (ARC) conducted a series of studies which used standardized procedures for evaluating dependence potential (Henning-

field, Miyasato, Jasinski 1983, 1985). Volunteer subjects with histories of drug abuse were tested because they could identify drugs with a potential for abuse and could compare the effects to those of other abused drugs. Nicotine in a wide range of doses was given both intravenously and in the form of tobacco smoke. By both routes of administration, nicotine produced a similar profile of effects across a variety of measures, thereby confirming the importance of nicotine itself in these effects of tobacco.

In brief, nicotine was psychoactive as evidenced by its reliable discrimination from placebo. Its self-reported effects peaked within 1 minute after administration (by either route) and dissipated within a few minutes. Peak response and duration of response were directly related to the dose. In other subjects pretreated with mecamylamine, the effects of nicotine were attenuated in a dose-related fashion.

#### Nicotine as a Euphoriant and Discriminative Stimulus

In the ARC study, nicotine was shown to be a potent euphoriant causing dose-related increases on scores of the drug liking scale (Henningfield, Miyasato, Jasinski 1985). Interestingly, intravenous nicotine was found to be approximately 5 to 10 times more potent than intravenous cocaine in producing elevated liking scale scores (Fischman et al. 1976). Another measure of euphoria is the MBG scale which provides an empirically derived means of estimating addictive opioid and stimulant-like effects of a compound. On this measure, as well, nicotine elevated scores relative to placebo (Henningfield, Miyasato, Jasinski 1985).

Analogous studies have been conducted using animals as research subjects. Animal studies are critical since they permit an objective differentiation of the effects of the drug from any possible influence or bias carried by human research subjects. In the discrimination or psychoactivity tests, the animals were given either the test drug or placebo. They were trained to press one lever when given placebo and to press another lever when given the test drug. When tested in this fashion, animals were found to

readily learn to discriminate nicotine from placebo as evidenced by their nicotine-specific lever pressing (Rosecrans and Meltzer 1981). Furthermore, the degree of discrimination was dose-related and was blocked by pretreatment of the animals with centrally (but not peripherally) acting nicotinic antagonists. In the animal analog of euphoriant tests, animals are trained to press one lever when given the standard drug (e.g., amphetamine) and another lever when given another drug (e.g., sedative) or placebo. When tested in this manner, nicotine has been found to be unique but more similar to stimulants than to sedatives (Henningfield and Goldberg 1984). These findings may be considered systematic extensions of research conducted by Johnston (1942) and Jones and his co-workers (Jones, Farrell, Henning 1978).

#### Nicotine as a Positive Reinforcer

To determine whether or not nicotine can control behavior, animals and human subjects can be given the opportunity to take intravenous injections. Nearly all drugs that are widely abused by humans are voluntarily taken by animals (Griffiths, Bigelow, Henningfield 1980), ruling out the possibility that specific personality factors and other unique human traits are necessary for these drugs to control behavior. The drug-taking behavior must be voluntary in that the animal or person is not required or specifically induced to take the drug following initial training and exposure to it.

In one such study, human subjects were tested during 3-hour sessions in which 10 presses on a lever resulted in either a nicotine or a placebo injection (Henningfield, Miyasato, Jasinski 1983). A variety of safeguards ensured the safety of the subject. The subjects self-administered the intravenously available nicotine but discontinued lever pressing when saline was substituted for the nicotine. Similarly, when subjects were given access to both nicotine and placebo at the same time (by pressing alternate levers) they chose nicotine, confirming that nicotine was functioning as a positive reinforcer (Henningfield and Goldberg 1983). When dose was increased, fewer injections were ob-

tained; however, the subjects obtained more nicotine per session.

#### Tolerance to Nicotine

Studies of tolerance to nicotine have been conducted since near the turn of the twentieth century when Langley and Dixon and others demonstrated that repeated administration of nicotine led to diminished responsiveness which could be partially overcome by increasing the dose of nicotine (see review, Swedberg, Henningfield, Goldberg 1990). Human subjects given nicotine at 10 minute intervals reported rapidly decreased positive subjective effects; by the sixth or seventh injection, subjects could not distinguish nicotine from placebo (Henningfield 1984a; see also Jones et al. 1978).

The development of tolerance is likely an important factor early in the natural history of nicotine dependence. A survey of patterns of tobacco use over time showed that the self-reported number of cigarettes or the amount of smokeless tobacco (SLT) used steadily increased from the first day of tobacco use to the fourth (SLT) or eighth (cigarettes) year (Henningfield, cited in USDHHS 1987). For most of the more than 800 smokers and former smokers surveyed, it took at least several years before a stable level of consumption, usually from one to two packs per day, was reached. Use of smokeless tobacco appeared to level off more rapidly, but this, too, followed a period of gradually escalating use.

#### Physical Dependence on Nicotine: Deprivation and Substitution for Tobacco

Physical dependence is measured by the demonstration of an abstinence syndrome characterized by an orderly pattern of signs and symptoms when regular drug administration is discontinued. These signs and symptoms are often opposite in direction from effects produced by acute drug administration (Jaffe 1985). For instance, in the case of opiate withdrawal, pupillary constriction is replaced with pupillary dilation, constipation is replaced with diarrhea, and so forth. With nicotine (as with opiates and sedatives), a prominent characteristic is an

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These findings, that nicotine replacement can alleviate various signs and symptoms of withdrawal without appreciably altering desire to smoke, are consistent with the notion that the desire to smoke is more closely related to learning factors and to environmental stimuli (Henningfield and Brown 1987; Henningfield 1986). An analogous finding is that nicotine replacement in the form of intravenous injections or nicotine gum can decrease the behavior of cigarette smoking and intake of carbon monoxide, whereas ratings of desire to smoke remain relatively constant.

Additional clinical features of the nicotine withdrawal syndrome are described in Chapters 10 and 12, and nicotine replacement therapy is discussed in Chapter 12.

#### COMPARISON OF NICOTINE DEPENDENCE WITH OTHER DRUG DEPENDENCIES

Drug dependence is characterized by features that can be distinguished on the basis of the specific pharmacology of a particular drug and clinical signs and symptoms described by the American Psychiatric Association (APA) (Gilman et al. 1985; APA 1987). At the same time, many features are common across different drug dependencies as discussed in the 1988 Report of the Surgeon General, *Nicotine Addiction* (USDHHS 1988), and clinically described by the APA (1987). Comparisons of nicotine dependence to other drug dependencies (summarized later) have revealed commonalities of both theoretical and clinical relevance (Jaffe and Kanzler 1979; Henningfield, Griffiths, Jasinski 1981; Henningfield and Nemeth-Coslett 1988).

#### Drug Use in the Face of Harm

The simplest and perhaps most fundamental behavioral commonality engendered by dependence-producing drugs is persistent use despite knowledge of harm that may result from such use. The persistence of drug taking despite such risks and often despite wanting to stop has led to the concept of "loss of control" over drug seeking and drug ingestion. Most tobacco users believe that their

use of tobacco is harmful to their health and would like to quit (American College of Physicians Health and Public Policy Committee 1985). In fact, while the presence of an imminent health risk substantially increases the likelihood of quitting smoking, most smokers who experience a myocardial infarction relapse to smoking after hospitalization (Burling, Singleton, Bigelow 1984).

#### Individual Vulnerability to Dependence

The persistence of certain forms of drug dependence despite known health risks has led to the postulation of specific vulnerability factors and/or an addictive personality type which are necessary to establish the dependence. Whereas the data bearing on these issues are considerable and diverse, the following conclusion can be reasonably made: while there is some degree of overlap in personality type of individuals who have become dependent on drugs (e.g., elevated extroversion, psychopathy, and risk-taking scores on various scales), and there is some overlap in situations that are related to drug relapse (e.g., stress and anxiety) (USDHEW 1979), no specific vulnerability factors have been consistently found across drug classes and/or populations which are either necessary or sufficient to produce drug dependence, including dependence on nicotine (Lang 1983; see also Chapter 4).

The most critical factor is simple: exposure to the drug. Tobacco differs quantitatively from other drugs of abuse since an apparently greater percentage of those who sample tobacco become regular daily users than those who sample other drugs of abuse (Pollin and Ravenholt 1984). A variety of factors probably contributes to this relationship, including greater social acceptability of tobacco than many other drugs, relatively low cost, and ready availability. A factor which has received less attention is that tobacco use tends to begin at an earlier age than use of most other dependence-producing drugs (Johnston, O'Malley, Bachman 1985). Still, it remains plausible that individual factors (possibly genetically mediated) might influence an individual's vulnerability to becoming dependent upon tobacco, but this issue is unresolved for tobacco.

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## Deprivation Increases Drug Seeking

With the opioid drugs it is well known clinically that the probability of opioid self-administration and the self-reported craving strength is a direct function of the length of the deprivation period. Similarly, deprivation of tobacco increases the desire of the smoker to smoke cigarettes and decreases the latency to smoke when the opportunity arises. Commonly observed during the "cigarette break," "theater intermission," or when cigarettes had been unavailable for a few hours, this effect has also been experimentally studied. One study showed that the deprivation effect is directly related to the time since the last cigarette (Henningfield and Griffiths 1979). That nicotine plays a specific role in the tobacco deprivation effect has been established by several lines of evidence. For instance, the effect is inversely related to the magnitude of nicotine preloading when nicotine is given either in tobacco smoke (Herman 1974) or via other routes of administration, including the transdermal route (Rose et al. 1985). Although the suppression effect is a behavioral component of drug withdrawal in the physiologically dependent person, measurable effects of deprivation on subsequent drug intake or desire to use the drug may occur in the absence of any other measured signs of withdrawal.

## Increased Tobacco Cost Decreases Intake

For tobacco, as for many other addictive substances, increasing the cost in terms of effort or money decreases intake; analogously, specific monetary incentives can be used to reduce intake of heroin and other drugs (Bigelow et al. 1981). This phenomenon has been observed in animal experiments as well (Griffiths, Bigelow, Henningfield 1980). In fact, this relation even holds when per capita cigarette consumption is examined as a function of cigarette tax rates across many different countries (Grossman 1983). One experimental treatment approach that has been evaluated with opioids, sedatives, and tobacco is the use of monetary incentives to reduce or eliminate target drug intake (Stitzer et al. 1982; Stitzer et al. 1983; Stitzer and Bigelow 1985; Stitzer et al. 1986). In-

creasing the price of tobacco products through increased tobacco taxes would appear to be one way to apply this phenomenon at the level of public health policy (Warner and Murt 1973; see Chapter 3).

## Paired Stimuli Can Increase Drug Use

The role of environmental stimuli in strengthening the control of dependence-producing drugs over behavior has been well known, although not widely studied, for decades. The fundamental observation is that a drug can produce discrete and readily identifiable effects. Given that a drug can function as a stimulus, it follows that its stimulus properties can be extended through other stimuli that are paired with it. Nicotine in its usual vehicle (i.e., tobacco and/or tobacco smoke) seems to provide innumerable opportunities for confluence of drug exposure paired with a huge variety of stimuli. Some of these stimuli are the tobacco and the smoke themselves.

Wikler (1965) showed that the effects of opiates could be elicited by environmental stimuli previously associated with the administration of opiates. In alcoholic patients, the desire to use alcohol is increased by presentation of alcohol-associated stimuli (Pickens, Bigelow, Griffiths 1973; Ludwig 1986). Recent studies with opioid-dependent persons have found that the effects of both drug administration and withdrawal can be elicited by various environmental stimuli (O'Brien et al. 1981). Only preliminary work has been done with respect to tobacco; however, the role of nicotine-paired stimuli would appear to function analogously to the role of such stimuli in other dependence-producing drugs. For instance, Gritz (1978) found that amount of smoking decreased as nicotine-paired stimuli were removed. The subject smoked most in the full presence of the cigarette and smoke, less when a clear screen attenuated the direct smell of smoke in the room, and the least when an opaque screen blocked the sight and smell of the smoke. Using experimental animals, Katz and co-workers (Katz and Goldberg 1987) studied the role of environmental stimuli in the maintenance of behavior ultimately controlled by morphine, cocaine, nicotine, and other drugs. They found

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that the total amount of drug-seeking behavior was greatly increased when stimuli which had been systematically paired with the drug were presented intermittently. Taken together, the results of these studies suggest that part of the demonstrably strong behavioral controlling properties of tobacco are due to the seemingly ideal combination of a drug that has well-discriminated interoceptive effects along with the equally well-discriminated exteroceptive stimuli which accompany every puff on a cigarette or chew on a tobacco wad; namely, the sight, smell, feel, and taste of the tobacco and/or smoke. Beyond this, the settings, circumstances, and mental states associated with nicotine ingestion likely operate as conditioned stimuli for smoking as well.

### Conditioning Factors in Nicotine Dependence

Pharmacologically active agents act as unconditioned stimuli in animals and humans. Collins and Tatum (1925) recognized that stimuli associated with opiate administration in dogs developed the ability to elicit salivation, an effect produced by the drug itself. Pavlov and others (reviewed in Feri, Post, Weiss 1990) described similar findings with other drugs in different animal models. Wikler was among the first drug abuse researchers to describe the importance of context in drug effect and withdrawal states in humans. Wikler (1973) found that opiate withdrawal symptoms could be conditioned to the circumstances in which they occurred. In smokers, greater withdrawal is experienced in natural rather than laboratory environments presumably because the natural environment contains cues associated with prior smoking (Hatsukami, Hughes, Pickens 1985). These findings suggest that stimuli formerly associated with nicotine ingestion will induce cigarette cravings and other withdrawal signs which engender cigarette smoking.

*Opponent process theory* (Solomon and Corbit 1973) suggests that the reduction of an aversive withdrawal syndrome is the result of the immediate (pleasurable) response to the drug, called the A state, and the delayed (aversive) response, the B state. The A and B states are opposite or opposed, hence

the term *opponent process*. The theory applied to nicotine dependence posits that during the onset of smoking, the pleasurable A state prevails and smoking increases. Eventually, with regular smoking, the aversive B state begins to dominate which the smoker attempts to reverse or reduce by the A state consequences of further smoking. That is, smoking perpetuates itself by reducing displeasure rather than by inducing the pleasure that initially engendered the behavior. It is important to acknowledge that neither the Wikler theory nor the opponent process theory has been empirically tested on smoking behavior (USDHHS 1988).

In contrast to these explanations that emphasize the relief of withdrawal, a recent review (Niaura et al. 1988) proposes an appetitive model of cues associated with smoking. Cues that are associated with the positively perceived effects of smoking (stimulation, relaxation), such as those cues associated with nicotine intake (holding a cigarette, the smell of smoke, etc.), elicit conditioned responses similar to the effects of nicotine. These associations strongly encourage the individual to obtain and ingest the drug. In the appetitive model, negative emotions are not necessarily withdrawal symptoms, although negative emotions formerly alleviated by nicotine may serve as a cue for repetitively administering the drug (Stewart, DeWitt, Eikelboom 1984).

Cigarette smoking has been described as a behavior thoroughly interwoven among the fabric of daily life (Pomerleau and Pomerleau 1987). The average pack-a-day smoker of 20 years duration has inhaled cigarette smoke over 1 million times. Each inhalation provides an occasion to associate nicotine with the numerous and varied circumstances of daily life. Over years of smoking, the emotional states and life events conditional to smoking continue to increase. These associated stimuli complicate the task of maintaining abstinence (USDHHS 1988).

### Tobacco Taking Is Controlled by Delivered Nicotine Dose

Among the most fundamental of pharmacologic phenomena is the relationship between absorbed dose and a drug effect. Dem-



onstration that certain effects were related to the administered dose of the drug shows that the drug was relevant to the response. The role of nicotine dose as a determinant of a wide variety of centrally and peripherally mediated actions of nicotine has been systematically studied for nearly a century in a wide variety of species and preparations. Physiologic and behavioral responses to nicotine which have been studied as a function of dose include: nicotine receptor binding, effects on skeletal muscle, cardiovascular function, cortical electrical activity (EEG), appetite, mood and emotional state, and even changes in the ability to learn and memorize. Nicotine produces dose-related effects on peripheral or CNS tissue affecting these and other phenomena (Gilman et al. 1985).

The extensive literature on the effects of nicotine dose as a determinant of tobacco self-administration (Benowitz et al. 1983; Finnegan, Larson, Haag 1945) supports an unequivocal general conclusion, namely, that nicotine dose is one determinant of tobacco self-administration behavior (Henningfield 1984b; Griz 1980). The most consistent findings may be summarized as follows: increasing the amount of nicotine circulating in the plasma of the smoker (e.g., by preloading with other forms of nicotine, decreasing excretion rate, increasing unit delivered dose) results in diminished cigarette smoking (Griffiths and Henningfield 1982). This effect is often termed *downward compensation* and appears to be somewhat a more robust phenomenon than *upward compensation*. However, upward compensation does occur when, for instance, subjects are given preloads of the ganglionic blocker mecamylamine (Stolerman et al. 1973; Nemeth-Coslett et al. 1986). The quantitative aspects of the nicotine dose-effect relations in studies of cigarette smoking have been widely debated (Gori and Bock 1980). Much of the debate has centered around the degree to which smokers regulate their intake of nicotine. Specific data have led to dichotomous interpretations. On the one hand, cigarette smokers are often viewed as titrators who carefully adjust their nicotine intake in order to maintain stable plasma nicotine levels (Schacter et al. 1977).

On the other hand, cigarette smokers have also been viewed as being remarkably insensitive to changes in nicotine dose (Russell 1979). The issues concerning the disparate interpretations of dose-response data in human studies are both empirical and theoretic. Review of the empirically based portion of this literature shows that few studies of the effects of nicotine dose on cigarette smoking provide confirmation that intended manipulations of nicotine dose had actually been affected. Many factors can determine the actual dose of nicotine delivered to the plasma. When major factors are not controlled, and there is no physiologic means of verifying that the dose manipulation obtained was intended, then the finding of a relatively monotonic dose-effect function may accurately reflect the fact that plasma levels were not varied as intended.

Theoretical issues surrounding the role of dose in the control of tobacco use have been as much a cause for debate as the data themselves. It has been widely observed that decreasing plasma nicotine levels are associated with the occurrence of tobacco withdrawal signs and symptoms, including feelings of discomfort. It has also been observed that increasing plasma levels produce desirable effects (although tolerance may attenuate these effects), with continued increases eventually producing acute nicotine toxicity and feelings of discomfort. These upper and lower thresholds of nicotine intake at which discomfort occurs, and the theory that smokers will change their behavior in such a fashion as to avoid either threshold, has been termed the *boundary hypothesis* by Kozlowski and Herman (1984). Dimensions of the boundary vary across individuals and even within a single day of smoking in a single individual as he or she becomes increasingly tolerant. However, at a descriptive level this appears to be a generally accurate and useful concept. It is also a useful model to consider when nicotine replacement therapy is used as an adjunct in the management of tobacco dependence. For example, the Nicotine Reduction Therapy Formula is an empirically derived formula based on estimated nicotine intake (Henningfield et al. 1990).

What happens to plasma nicotine levels during the course of the day of the usual smoker? Smoking produces a brief surge in arterial nicotine concentrations to levels many times higher than those simultaneously observed in venous blood (Henningfield et al. 1990) (see also Chapter 1). Following each dose of nicotine, plasma levels rapidly decline as nicotine is redistributed throughout the body; the rate of decline subsides after about 15–30 minutes to reach a fairly stable half-life of about 2 hours. The initial redistribution phase has sometimes been confused with nicotine's metabolic half-life (Rosenberg et al. 1980). Imposed on this pattern of elimination, small boli of nicotine obtained by smoking cigarettes or by rapid intravenous injection may produce plasma spikes (Feyerabend, Ings, Russell 1985; Russell and Feyerabend 1978). By comparison, venous plasma levels increase from smokeless tobacco use are somewhat attenuated, and they lack the marked surge in arterial level seen with inhaled nicotine from cigarette smoke (Russell et al. 1985). Within a smoker's day, these nicotine boli produce an overall accumulation of nicotine in the plasma until the point is reached (usually after about 4–6 hours of smoking) at which overall rates of nicotine excretion approximate overall rates of intake. Then, there is relatively little change from hour to hour, although between and immediately following each cigarette there remains considerable variation in plasma level. During sleep, plasma nicotine levels may fall to less than 15% of the previous day's average (Benowitz, Kuyt, Jacob 1982; Griffiths, Bigelow, Henningfield 1980). This variable pattern of plasma nicotine probably enhances the effects of nicotine, by permitting the partial loss of tolerance each day. Such effects would otherwise be greatly attenuated by the rapid onset of tolerance or tachyphylaxis which accompanies exposure of neural tissue to nicotine.

#### Remission from and Relapse to Drug Use

People addicted to a wide variety of drugs may permanently discontinue their drug use without formal treatment programs. At the same time, relapse is common, regardless of

the nature of the quitting attempt. However, patterns of remission and relapse are not random; they are related to specific factors that are similar across several drug types. Some of the remission and relapse factors can be manipulated or otherwise taken advantage of when understood. Data that come from studies of the course of drug use and quitting patterns (cf. Vaillant 1970) have contributed substantially to theory and basic research, and research of this type could probably be conducted more easily with tobacco than with substances which are illicit and for which smaller numbers of users are available for study.

When people achieve abstinence outside the setting of a formal treatment program, the phenomenon is sometimes referred to as *spontaneous remission*. The term is a misnomer, however, in that far from being a spontaneous event, identifiable factors are often associated with such quitting, and the factors are often equivalent in their potential power to modify behavior to those offered in drug treatment programs. For example, life-threatening health problems prompt 40–50% of patients to quit smoking (Burling, Singleton, Bigelow 1984; West and Evans 1986). Other factors associated with quitting include: social sanctions, pressure from significant others, financial problems, significant accidents, management of cravings, positive reinforcement for quitting, internal psychic change/motivation, and change in life-style (see review by Henningfield, Clayton, Pollin 1990 and Chapter 10).

Relapse to drug use is also determined, in part, by environmental pressures. Treatment programs have responded to this insight by recognizing that efforts to prevent relapse are as important as the efforts to achieve abstinence from the drug in the first place (Marlatt and Gordon 1985; USDHHS 1988). Developing better techniques to prevent relapse might be facilitated with more extensive data concerning the relative role of various factors leading to relapse and to the most effective means to reduce their impact. In general, prominent relapse factors include the following: degree of dependence, psychiatric impairment, treatment length, modality, use of drugs and alcohol, positive expectations of outcome, peers, isolation,



lack of involvement in work, lack of active leisure, negative emotional states, negative physical states, skills deficits, negative life events, lack of needed services (see review by Henningfield, Clayton, Pollin 1990). The risk factors for relapse to nicotine that have been specifically validated include negative affect (anger, frustration, anxiety), interpersonal conflict, and social pressure (including simply being in the presence of other smokers) (USDHHS 1988).

In the case of tobacco, the nicotine withdrawal syndrome is a particularly important relapse factor in the first few weeks of abstinence. The nicotine withdrawal syndrome may be a relatively weak factor for relapse after several months of abstinence, but it appears powerful enough that most would-be quitters do not remain abstinent during the early period of nicotine withdrawal. This phenomenon has led to what may be termed the fallacy of Mark Twain (Henningfield et al. 1990)—"To cease smoking is the easiest thing I ever did; I ought to know because I've done it a thousand times"—that quitting smoking is easy. The fact is that both quitting and remaining abstinent are very difficult for most people. For example, if quitting smoking is defined as abstinence for more than 1 week, even with some professional guidance, most people do not achieve this seemingly modest goal. That is, after deciding to quit, most people resume smoking before the approximately 2 weeks during which the physical withdrawal symptoms are most prominent.

### Useful Effects of Drug Administration

Tobacco, like many other abused substances, produces effects often considered useful or beneficial to the user. In fact, many drugs of widespread abuse (or forms of them) were originally developed as therapeutic agents and continue to be used as such. Furthermore, people who are dependent on drugs often report desirable and/or useful effects derived from the drug. Specifically, nicotine ingestion in the tobacco-dependent person can alleviate stress and anxiety, facilitate learning and memory, and can function to control appetite and weight (Pomerleau and Pomerleau 1984; Henning-

field 1984b). Some of these effects have also been observed in animals, indicating that they may be at least partially due to direct actions of nicotine and not due simply to the alleviation of withdrawal.

Effects of nicotine administration to restore concentration and performance in tobacco-deprived people are particularly interesting. For instance, common complaints among people who have quit smoking are that their concentration is impaired, they are easily distracted, and that they cannot work as effectively on certain tasks. Cognitive impairments secondary to tobacco abstinence are measurable in laboratory settings. They are specific to nicotine since administration of alternate forms of nicotine (e.g., nicotine polacrilex) are effective, and there are a variety of electroencephalographic correlates (Pickworth, Herning, Henningfield 1986). Recent laboratory studies at the ARC confirm the organic basis of these complaints. Pickworth (Pickworth, Herning, Henningfield 1986) and Herning (Henningfield et al. 1986) and their co-workers showed altered EEG responses during nicotine withdrawal including impaired evoked "cognitive potentials" and enhancement of distractive effects of background noise; certain effects were nicotine-specific since nicotine gum could reverse them. Correlated in time with the EEG changes were impairments in performance on tests of ability, performance on rapid arithmetic, logical reasoning tasks, and so forth; these impairments, too, were reversed by nicotine gum administration (Henningfield et al. 1986). The degree to which these useful effects of nicotine persist beyond the short-term withdrawal syndrome (protracted abstinence), resulting from many years of tobacco use, is not clear at this point.

It is worth noting that such effects are sometimes termed *therapeutic*. However, such a statement has misleading implications when the drug is delivered in a vehicle as toxic as tobacco or the smoke of burning tobacco. Additionally, it is not clear to what degree the effects of nicotine which are useful to the user are only useful because of a long history of use. In other words, it is possible that the development of dependence to nicotine changed the person in such a way

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that the individual might never, or perhaps at least not for an extended amount of time, function at peak levels and feel normal or comfortable in the absence of nicotine. For such persons, nicotine administration might be considered useful, indeed; but the term *therapeutics* might best be reserved for the case of nicotine administration in approved medical products and under the guidance of a health professional.

Given the power and potency of nicotine as a behaviorally active drug, it is plausible that chronic exposure beginning in adolescence (the age at which most smokers begin), before CNS maturation, might have lasting behavioral effects. Yet, relatively little developmental behavioral research with nicotine has been undertaken. In this regard, it is of interest and concern to learn whether the even younger population (preteenage) that has begun using smokeless tobacco products will become even more dependent on nicotine. Another issue of interest may also be of relevance in the treatment of tobacco dependence: the possibility that the useful effects of nicotine administration (and conversely, the adverse effects of nicotine abstinence) are related to the life circumstances of the individual patient. For instance, are the effects of chronic nicotine use in sustaining concentration and logical reasoning of special importance for writers? Are the possible anxiolytic effects of nicotine of special importance for people in high stress occupations? These questions will be important to consider clinically as more pharmaceutical grade nicotine delivery systems come into widespread use.

#### **Tobacco Use Is a Preventable Risk Factor for Abuse of Other Drugs**

Although not necessarily a causal determinant of illicit drug use, tobacco is a common part of the developmental sequence leading to such use and may be considered a preventable risk factor. For example, one study showed that among persons who had used both cigarettes and marijuana 10 times or more, 67% of males and 79% of females reported using cigarettes first (Yamaguchi and Kandel 1984; USDHHS 1988). Furthermore, levels of tobacco and alcohol use have

generally been found to be higher in persons who had progressed to illicit drugs (Kandel et al. 1978; Huba, Wingard, Bentler 1981; O'Donnell and Clayton 1982; USDHHS 1988). Tobacco also holds a special status as a "gateway" substance in the development of drug dependencies not only because tobacco use reliably precedes use of illicit drugs, but also because use of tobacco is more likely to escalate to dependent patterns of use than use of other dependence-producing drugs (USDHHS 1988).

The incidence and severity of various drug dependencies are related to the level of tobacco use. Patterns of tobacco use predict the extent of use of other psychoactive drugs, especially in youth. Clayton and Ritter (1985) found that alcohol drinking and cigarette smoking were the most powerful predictors of marijuana use for both males and females. The relationship was strongest when cigarette smoking had begun before the individuals were 17 years old. In a longitudinal study, Ary and associates (1987) interviewed more than 300 male adolescents twice, at 9-month intervals, to determine their use of various psychoactive substances. They found that users of smokeless tobacco were more likely to use cigarettes, marijuana, or alcohol than nonusers, and that smokeless tobacco users who were using these other substances at the time of the first interview showed substantially greater increases in levels of use of these other substances by the time of the second interview. Analogously, students in grades 7-12 in New York State showed a positive correlation between frequency of drinking alcoholic beverages and daily cigarette consumption (Welt and Barnes 1987). The 1985 National Household Survey also revealed a crude but consistent dose response relationship between smoking and other drug use (USDHHS 1988; Henningfield, Clayton, Pollin 1990).

#### **CONCLUSION**

The pharmacologic properties of nicotine and its patterns of use share many characteristics with other prototypic dependence-producing drugs. Nicotine satisfies the major and minor criteria (Table 2-1) that define a

dependence-producing drug. Initial use—usually on a trial basis—often escalates as a process of dose graduation to a full level of dependence (physical as well as behavioral). The enhancement of performance, mood, and feeling are critical factors in the drug's ability to control behavior, and the high availability, low cost, and high acceptability of the product promote (rather than deter) dependence. When cigarette smoking was regarded as a voluntary pleasure or a simple habit, there was little reason to treat it as anything else and, in fact, there were limited resources available to the smoker who wanted to quit other than his own determination and motivation. Now that tobacco use has been more universally accepted as a form of drug dependence in which nicotine is the critical abuse-producing agent, there is a rational basis for the treatment of cigarette smoking based on experience with other forms of drug dependence (APA 1987).

While such a conclusion may discourage some, for most it should come as a relief to discover that their difficulties in quitting and the pleasures they associate with tobacco are not merely psychological; they are physically based. Moreover, they can be treated. In fact, the acknowledgment and acceptance that much of tobacco use is an addictive disease is actually reason for encouragement in treating cigarette smoking, for it provides a rational basis for combining adjunctive pharmacologic intervention with behavioral and other management techniques.

The role of nicotine in the compulsive use of tobacco products is now known to be equivalent to the role of cocaine in coca leaf use, ethanol in alcoholic beverage consumption, and morphine in opium poppy use. That is, these substances produce effects in the CNS that can be reinforcing to animals and humans alike; they all produce a range of effects that users may report to be "useful" or "beneficial," and at least with respect to nicotine, alcohol, and morphine, a distinct state of physical dependence may result from repetitive administration of the drug. Tobacco use, particularly in the form of cigarette smoking, is an orderly behavior that is controlled by the same behavioral and pharmacologic variables as are the more commonly studied forms of drug dependence

(Jasinski, Johnson, Henningfield 1984). These common factors suggest that treatment programs for cigarette smoking could be enhanced by incorporation of clinical strategies proven effective with people dependent on other drugs.

Various issues involving the nature and development of drug dependence continue to be investigated and debated. In this regard, drug dependence is no different from any other disease state that is well understood along several dimensions and less well understood along others. For example, the relative contribution of individual vulnerability to development of addiction, the reasons for the persistent drug craving that can occur at extraordinarily high levels years after abstinence from the drug, and explanation of the powerful gateway effect of nicotine to other forms of drug dependence remain issues of controversy. While much remains to be learned, the fact that the tobacco user is subject to the behavioral and direct pharmacologic influences of an addicting drug, nicotine, and that many of these can be mitigated by medical treatment, is now well understood.

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HOW TO  
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FOR LIFE

John A. Moore,

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#### HOW TO STOP CIGARETTES FOR LIFE

eating cranberries, from this single, unconfirmed report, and nearly wrecked the industry. Later, the government corrected the report by explaining that while there could be miniscule cancer-producing carcinogens in cranberries, the amount was so infinitesimal that one would have to eat tons of them to get the amount of cancer-producing possibilities that are present in one carton of cigarettes.

However, at Thanksgiving dinner that year, there were no cranberries. People just switched to jello or jam. But, at the end of every meal, the smokers pulled out their packages of cigarettes and enjoyed them. Enjoyed them in spite of the fact that there had been twenty-eight reports, confirming beyond any doubt, (except to the tobacco industry), that inhaling cigarette smoke through the lungs, can and does and has produced lung cancer.

The conclusion, of course, is that, like spinach, cranberries are not addictive, and there are a dozen substitutes for cranberries. But, inhaling cigarette smoke through our lungs for the brain stimulation it gives, is definitely an addiction for many. The above is mentioned to show, whether we like it or not, smoking a pack of cigarettes a day, or more, is not just the pleasant, relatively harmless habit that cigars and pipes were for our forefathers. It is because of the inhalation a dangerous lung and heart-affecting addiction. Whether we call it habit, habituation or addiction, makes no difference. This is only a matter of terminology. And no one means to imply that the smoker is an addict in the same sense of the body and mind-wracked narcotic drug addict.

But, as any heavy smoker who tries to stop without withdrawal help knows, the symptoms are similar, though not as nerve-racking compared to the ordeal the drug addict undergoes when he tries to kick his habit cold. I have heard otherwise normal cigarette smokers say that the first day without a cigarette was so terrible they wanted to climb the walls and hang from the ceiling. This is a wild exaggeration in my estimation. That is not like giving up cranberries for candy. That is an addiction to an addictive drug, and to prove it quote

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*DIRECTIONS FOR A CANDIDATE  
OF THE MINISTRY*

By COTTON MATHER

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WITH A BIBLIOGRAPHICAL NOTE BY  
THOMAS J. HOLMES  
AND  
KENNETH B. MURDOCK



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use a little Wine for the Stomach. And yet I would say, upon Drinking a Glass of Generous Wine, often take a Glass of Water. And if the Beer they bring you, be too Strong, dilute it with putting a sufficient Quantity of Water into it. But never take Water, or any thing else, Cold, when you are Hot with Labour. There is Death in the Pot.

When you have run the hazard of disturbing your Stomach, with Ingurgitations from a Full Table, a Draught of Cold Water, will do Good like a Medicine.

Going to Bed, and Sweating from a large Draught of Cold Water, not only stops and cures a Cold, but also often extinguishes a Fever at the Beginning.

Daily to wash your Head and Mouth with Cold Water, is a Practice that cannot be too much commended; If it were only for saving you from the Toothache.

For a Frequency in the Use of the Liquors, which they call Spirits, be as afraid of it, as you would be of a Familiarity with Evil Spirits.

VI. When you go to Infectious Places, one of the best Things you can do, is to hold and chew a bit of Myrrh in your Mouth.

VII. To feed much on Salt-Meats, won't be for your Safety. Indeed, if less Flesh were eaten, and more of the Vegetable and Farinaceous Food were used, it were better. The Milk-Diet is for the most part some of the wholesomest in the World! And not the less wholesome, for the Cocoa-Nutt giving a little Tincture to it.

VIII. Shall

VIII. Shall I Smoke Tobacco? Answer; Be sure Not, if I can help it. Or let *Asted* answer for me. *Maximus Tabaci Abusus est, quotidiano ejus usu, semetipsum, et bonas Horas perdere, et ex cerebro, mentis nobilissimam sedem, caminum et cloacam efficere.* In the Duchy of Berghen, People may not Smoke, without purchasing a License for it. If you were to purchase of me a License for it, I know not how high Terms I should hold you to. If you want an *Hydrogogue*, there is one preferable in chewing some such Thing as a bit of *Mastic*; which would also whiten your Teeth, and sweeten your Breath, which Tobacco poisons. If once you get into the way of Smoking, there will be extreme hazard, of your becoming a Slave to the Pipe; and ever Insatiably craving for it. People may think what they will; But such a Slavery, is much below the Dignity of a Rational Creature; and much more of a *Gracious Christian*. I am sure, what the Great *Voetius* writes upon it, is very true; *Minime convenit virum bonis et gravibus; neminem Ministerii Candidatum.* There can be no Apology for your taking up the slovenly Practice, and the Pains that must be taken to conquer the Poison, if you are not well advised and assured, That your Health requires it. But I shall only recite what you will find in Two very considerable Writers, that you may form the better Judgment upon it. The One of these Writers is *Magnenus*; who tho' he be a mighty Friend to the Use of Tobacco, yet acknowledges, 'That it is not easy to relate, what are the Damages, which the Inordinate and Immoderate Use of this Fume does bring with it; for besides the insatiable and greedy

produced by RJRTC

in

HUMPHREY

TOBACCO:  
ITS USE AND ABUSE.

BY REV. J. B. WIGHT,  
Of the South Georgia Conference.



PRICE \$1.  
ORDER OF L. L. PICKETT  
COLUMBIA, S. C.

51973 1817

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sert his manhood he again resorts to his drug to ease the lashings of outraged conscience. Good men and women all over our land know how hard it is to rout the devil from any of his breastworks; and it seems that the tobacco-sin takes about as strong hold upon us as any other.

Such is this tobacco-slavery, and it numbers among its victims more persons than were ever captured in war in Attica or were brought from Africa in ships. But the Grecian and African slave showed this superiority to the tobacco-slave, in that, while the former wished to be free, the latter is a willing victim to this servitude. And yet he claims to be a Christian, and to live by the light of reason and revelation! We pity the victims of opium and alcohol; but does not the victim of tobacco also deserve our sympathy?

#### THE USE OF TOBACCO TENDS TO DEADEN THE SENSE OF DECENCY.

It is an old charge against tobacco that its use is indecent, and that it tends to blunt one's sense of propriety. Those whose senses have not been perverted by the weed know this, and many old devo-

tees even will recognize the truth of the charge. Were it not so common it would be surprising to see how far devotion to tobacco will sometimes carry a man in the disregard of his own appearance and of the rights of others.

"The habit of using tobacco," says Dr. Mussey, "is uncleanly and impolite. It is uncleanly from the foul odor, the muddy nostril, and darkly-smear'd lip it confers, and from the encouragement it gives to the habit of spitting, which in our country would be sufficiently loathsome without it. By what rule of politeness may I poison the air that my neighbor is compelled to breathe, or so load it with an unhealthful and loathsome material as to make him uncomfortable and wretched as long as I am in his company?"

A writer in the *London Freeman* says: "A great number of smokers seem to have lost sight of politeness! Their smoking makes them rude. Why should a smoker blow his smoke in my face, or allow the dust of his weed to get in my eyes? Why should he think it not indecent to frequently expectorate in my presence? I have as much right to scatter fine, strong pepper, and half blind the





good for nothing until they have been kept a long while; and some are good for nothing until they have been long kept and used. Of the first, wine is the illustrious and immortal example. Of those which must be kept and used I will name three,—meerschaum pipes, violins, and poems. The meerschaum is but a poor affair until it has burned a thousand offerings to the cloud-compelling deities. It comes to us without complexion or flavor,—born on the sea-foam, like Aphrodite, but colorless as *pallida Men* herself. The fire is lighted in its central shrine, and gradually the juices which the broad leaves of the Great Vegetable had sucked up from an acre and curdled into a drachm are diffused through its thirsting pores. First a discoloration, then a stain, and at last a rich, glowing, umber tint spreading over the whole surface. Nature true to her old brown autumnal hue, you see,—as true in the fire of the meerschaum as in the sunshine of October! And then the cumulative wealth of its fragrant reminiscences! he who inhales its vapors takes a thousand whiffs in a single breath; and one cannot touch it without awakening the old joys that hang around it as the smell of flowers clings to the dresses of the daughters of the house of Farina!

[Don't think I use a meerschaum myself, for *I do not*, though I have owned a calumet since my childhood, which from a naked Pict (of the Mohawk species) my grandsire won, together with a tomahawk and beaded knife-sheath; paying for the lot with a bullet-mark on his right cheek. On the maternal side I inherit the loveliest silver-mounted

tobacco-stopper you ever saw. It is a little box-wood Triton, carved with charming liveliness and truth; I have often compared it to a figure in Raphael's "Triumph of Galatea." It came to me in an ancient shagreen case,—how old it is I do not know,—but it must have been made since Sir Walter Raleigh's time. If you are curious, you shall see it any day. Neither will I pretend that I am so unused to the more perishable smoking contrivance that a few whiffs would make me feel as if I lay in a ground-swell on the Bay of Biscay. I am not unacquainted with that siniform, spiral-wound bundle of chopped stems and miscellaneous incombustibles, the cigar, so called, of the shops,—which to "draw" asks the suction-power of a nursing infant Hercules, and to relish, the leathery palate of an old Silenus. I do not advise you, young man, even if my illustration strike your fancy, to consecrate the flower of your life to painting the bowl of a pipe, for, let me assure you, the stain of a reverie-breeding narcotic may strike deeper than you think for. I have seen the green leaf of early promise grow brown before its time under such Nicotian regimen, and thought the umbered meerschaum was dearly bought at the cost of a brain enfeebled and a will enslaved.]

Violins, too,—the sweet old Amati!—the divine Stradivarius! Played on by ancient *maestros* until the bow-hand lost its power and the flying fingers stiffened. Bequeathed to the passionate young enthusiast, who made it whisper his hidden love, and cry his inarticulate longings, and scream his untold agonies, and wail his monotonous despair. Passed

sert his manhood he again resorts to his drug to ease the lashings of outraged conscience. Good men and women all over our land know how hard it is to rout the devil from any of his breastworks; and it seems that the tobacco-sin takes about as strong hold upon us as any other.

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HUMPHREY

# TOBACCO:

## ITS USE AND ABUSE.

BY REV. J. B. WIGHT,  
Of the South Georgia Conference.



PRICE \$1.  
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sist that I am not the person with whom they transacted business in 1865 or 1866—four years ago.' In June, 1870, Mr. K. weighed upward of one hundred and eighty pounds. His triumph over the vice which is preying upon the vitality of thousands of his fellow-men is well attested by his renewed manhood. His hair, as well as his flesh and health, returned to him."

Here are several cases, given by Meta Lander in her excellent work, "The Tobacco Problem:" "From about fifteen to thirty,' Dr. S. H. Cox wrote, 'I am ashamed to say I smoked; my conscience, as well as my best earthly friend, often upbraiding me. Still I made excuses, and my physician, a smoker, helped me to some. So I continued till once, on board a steamer, a drunken gentleman staggered up to me, exclaiming: "Give me a-a light, Dr. Cox." I handed him my cigar. He returned it. I threw it overboard, and since have never ceased to thank God that I have been enabled to keep myself from so foul and odious a sin.' In replying to a letter from Dr. Cox, John Quincy Adams wrote: 'In my early youth I was addicted to tobacco in two of its mysteries—smoking and chew-

ing. I was warned by a medical friend of the pernicious operation of this habit upon the stomach and nerves, and the advice of the physician was fortified by my own experience. More than thirty years have passed since I deliberately renounced the use of tobacco in all its forms; and, although the resolution was not carried into execution without a struggle of vitiated nature, I never yielded to its impulses. I have often wished that every individual of the human race afflicted with this artificial passion could prevail on himself to try the experiment which I made; sure that it would turn every acre of tobacco-land into a wheat-field, and add five years to the average of human life.' Prof. Dascomb, of Oberlin, learned to smoke when a boy. His physician, though himself a smoker, said to him: 'You will live only a few years if you continue this habit. I cannot break it off, but you are young, and may be able to do so.' The boy undertook it, and succeeded, although to the end of his life he suffered from the effects of his early indulgence. A well-known doctor relates that after smoking for twenty years he took a vow of abstinence for one month. 'Never,' he says, 'did boy

Alcohol and Tobacco.

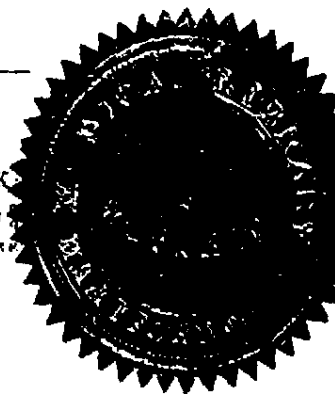
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ALCOHOL:  
ITS PLACE AND POWER  
in  
BY JAMES MILLER.

**HUMPHREY**  
THE

USE AND ABUSE  
OF  
TOBACCO.

BY JOHN LIZARS.

NEW YORK  
National Temperance Society and  
36 NASSAU STREET  
1880.



51973 1826

ble. It follows as often from too much snuffing as too much smoking. The treatment consists in "*throwing away tobacco forever*," inserting setons into the lunatic region, cold bathing, and good diet.

29. Mania is a fearful result of the excessive use of tobacco—two cases of which I have witnessed since the publication of this treatise. I have also to mention, that a gentleman called on me, and thanked me for the publication of my Observations on Tobacco, and related to me, with deep emotion, what had occurred in his own family from smoking tobacco. Two amiable younger brothers had gone deranged, and committed suicide. There is no hereditary predisposition to mania in the family. At a meeting of the Medical and Chirurgical Society of London, on May 2d, 1854, a paper was read, entitled, "Additional Remarks on the Statistics and Morbid Anatomy of Mental Diseases," by Dr. Webster, wherein he cites, among the causes, the great use of tobacco, which opinion he supported by reference to the statistics of insanity in Germany.

30. Loss of memory takes place in an extraordinary degree in the smoker, much more so than in the drunkard, evidently from tobacco acting more on the brain than alcohol. The cure consists in "*throwing away tobacco for ever*."

31. Amaurosis is a very common result of smoking tobacco to excess; but I have never seen it produced by snuffing or chewing. It occurs with or without congestion of the brain. It is commonly confined to one eye. It is generally curable, but not always, by "*throwing away tobacco for ever*,"—by inserting a seton in the

back of the neck, another seton in the temple or temples, according as one or both eyes are affected. In the course of eight or ten days, the seton in the temple is to be withdrawn, a commonly blister applied, and the blistered surface sprinkled with strychnia. The bowels to be freely opened with calomel and aloes. The diet to be light, as the farinaceous. The patient should be confined in a large, well-ventilated apartment, and an obscure light.

32. Deafness is not so common a sequence to smoking tobacco as amaurosis. It is to be treated on precisely the same principles, with the difference of applying the blisters and strychnia behind the ears.

33. Nervousness is remarkably common from indulging too much in smoking, snuffing, or chewing tobacco. It is to be treated by "*throwing away tobacco forever*"—by having recourse to the shower-bath in winter, and sea-bathing in summer—by nourishing diet, attention to the bowels, the alterative powder, as prescribed under ulceration of the lips, the tonics, as quassia and gentian, and even quinine; exercise in the open air, and by mixing in quiet, agreeable society, as the nervous system is easily and readily over-excited; and, lastly, by change of air, and ultimately travelling about.

34. Emasculation, as an effect of tobacco, may well astonish the gay Lothario, as he might, unconscious of the cause, have boasted, that "*never in my youth did I apply the means of weakness and debility*." I have been consulted by fathers of from thirty to forty years of age, who, having married in early life, have had two or three children soon after marriage onwards to thirty

years old, but have been surprised that they had eventually lost all inclination for sexual indulgence. On interrogating them, I have invariably found that they were all excessive smokers, and on convincing them that tobacco was the cause of their temporary impotence, they have instantly "*thrown away tobacco forever*," and in a few months after have returned to me, saying that they had become fathers again. I have found unmarried men similarly affected with the want of the sexual *vis et animus*.

35. I have invariably found, that patients addicted to tobacco smoking were in spirit cowardly, and deficient in manly fortitude to undergo any surgical operation, however trifling, proposed to relieve them from the suffering of other complaints. In such cases chloroform is a great boon.

36. When we consider the effect of tobacco in tetanus, and in strangulated hernia in former days, we can readily comprehend its powerful narcotic effects: they are stronger than opium—opium differing from tobacco only in constipating the bowels. The use of tobacco for medical purposes has been long known, but its application has been carried, *fundamentally*, of late, to the full extent to which the human body can be subjected—a cigar having been actually inserted into the anus, by an American physician, as a medical reagent—thus introducing the poison into every vital passage.

37. The number of people who from twelve years of age are given to smoking, snuffing, plugging, and chewing, or quidding the noxious weed, appears quite incredible. By its so general consumption, we must become

changed in both corporeal and mental faculties—we cannot fail to be enfeebled in body and mind, and become a deteriorated race. I once travelled with a gentleman from South America, who first filled his nostrils with snuff, which he prevented falling out, by stuffing shag tobacco after it, and this he termed "plugging"—then put in each cheek a coil of pigtail tobacco, which he named "quidding," in this country called "chewing:" lastly, he lit a Havannah cigar, which he put into his mouth; and thus smoked and chewed, puffing at one time the smoke of the cigar, and at another time squirting the juice from his mouth, as so graphically described by Dickens in the boat story, on the way to the Far West. This gentleman was as thin as a razor, with an olive-colored countenance, and frightfully nervous. The preceding is neither a caricature, nor an exaggerated account of the fearful extent to which the use of tobacco is carried—not merely in Europe, as we know, but, as there is every reason to fear, in every quarter of the globe where it either grows, or is unhappily conveyed.

38. There can be no doubt, from what has occurred in the war just ended, that had the Turks never indulged in the vicious habit of smoking tobacco, they would not have required the assistance of the French, Sardinians, and British. They would have been as powerful as in the days of the Sultans Othman, Orchan, Amurath the First, and Bajazet, and would have sent such a message through Menschikoff to the Czar Nicholas, as the Sultan Bajazet said to the Count de Nevers, of France, when taken prisoner after his celebrated unsuccessful cavalry charge (like that at Balaklava) near Nicopolis.



37

# BURRELLE'S PRESS CLIPPING BUREAU

146 LAFAYETTE ST., NEW YORK

PHILA PA INTL LEDGER  
JANUARY 11, 1919

## BAN ON PIPE AND CIGARETTE PLAN OF GROUP OF PENN MEN

*Student Committee Starts Campaign to Abolish Tobacco Smoking  
From Hall and Campus of University—Pamphlets Cir-  
culated and Some of Faculty Back Idea*

A movement for the abolition of smoking tobacco has been started by a group of students in the University of Pennsylvania.

Backed by the favorable attitude of several faculty members and athletic instructors, a campaign committee has been formed to carry the anti-tobacco propaganda to the entire student body of the University.

A large number of pamphlets setting forth the evils of smoking already have been distributed among the students.

The movement is favored especially by the students of the medical school, of which the leader in the action is Victor C. Rambo, a sophomore. The medical school has the largest representation on the committee, but all departments, including the college, are represented. The president of the senior class, Samuel R. Harrell, who is

a member of the Wharton School, is a committee member.

The sponsors of the movement quote professors and coaches as realizing the value to the individual student by his elimination of smoking.

Dr. R. Tait McKenzie has pointed out its evils. Lawson Robertson, the coach of the track team, stamps smoking as being "as bad as drinking for the athlete."

Dr. M. Willard Lantz, of the Christian Association, says that it is not necessary to smoke to enjoy the fullest and most pleasurable social intercourse. Mr. Terrone, the fencing team coach, makes a lunge at the habit when he says, "the tobacco habit is the monkey-like attitude of humanity."

The committee has drawn attention to the fact, to strengthen its hand, that the last three commanders of the American army have been tobacco abstainers.

No organized opposition to the movement among the students has as yet taken form.

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HUMPHREY

Commonwealth of Pennsylvania

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# THE SCHOOL CODE

AND

Other Laws Relating to the  
Public Schools

---

NATHAN C. SCHAEFFER  
SUPERINTENDENT OF PUBLIC INSTRUCTION

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HARRISBURG, PENNA.:  
J. L. L. KUHN, PRINTER TO THE COMMONWEALTH  
1917.

51973 1830

nine ante meridian and close at four post meridian, with an intermission of one hour at noon, and an intermission of fifteen minutes in the forenoon and in the afternoon.

## Commencement.

Section 1605. The board of school directors may fix the date of the school commencement, and shall pay such expenses in connection therewith as it may determine.

## COURSES OF STUDY.

## Branches of study

Section 1607. In every elementary public school, established and maintained in this Commonwealth under the provisions of this act, there shall be taught in the English language the following common English branches: Spelling, reading, writing, arithmetic, geography, English grammar, history of the United States and of Pennsylvania, including the elements of civil government, physiology and hygiene; also a system of humane education, which shall include kind treatment of horses, birds, and other animals, together with such other branches, including vocal music, public speaking, drawing, physical training, elementary manual training, elementary domestic science, and elementary agriculture, as the board of school directors in any district, with the approval of the proper superintendent of schools, may prescribe: Provided, That in all school districts of the first class, physical training shall be carried on as a part of the regular course of study in the public schools.

## Humane education.

## Vocal music, domestic science, etc.

## Proviso.

## Physical training.

## Arrangement of courses.

Section 1608. The board of school directors in every school district in this Commonwealth, with the advice, assistance and approval of the proper superintendent of schools, shall arrange a course or courses of study adapted to the age, development, and needs of the pupils. These courses of study shall conform to a general course of study arranged by the Superintendent of Public Instruction, so far as the local conditions in respective districts permit.

## Physiology and hygiene.

## Effect of alcoholic drinks, etc.

## Tuberculosis.

Section 1609. Physiology and hygiene, which shall in each division of the subject so pursued include special reference to the effect of alcoholic drinks, stimulants, and narcotics upon the human system, and which shall also include special reference to tuberculosis and its prevention, shall be introduced and studied as a regular branch by all pupils in all departments of the public schools of this Commonwealth, and in all educational institutions supported wholly or in part by money from this Commonwealth.

## ARTICLE I.

## CIGARETTES.

## Cigarette and cigarette paper.

## Violation.

## Penalty.

## Minors who refuse to furnish information.

## Misdemeanor.

## Fine.

## Under 16 years.

That any person who shall furnish to any minor, by gift, sale, or otherwise, any cigarette or cigarette paper, shall be guilty of a misdemeanor, and upon conviction thereof shall be sentenced to pay a fine of not less than one hundred dollars (\$100.00), nor more than three hundred dollars (\$300.00).

Any minor, being in possession of a cigarette or of cigarette paper, and being by any police officer, constable, juvenile court officer, truant officer, or teacher in any school, asked where and from whom such cigarette or cigarette paper was obtained, who shall refuse to furnish such information, shall be guilty of a misdemeanor; and upon conviction thereof, before any alderman, magistrate, or justice of the peace, such minor, being of the age of sixteen years or upwards, shall be sentenced to pay a fine not exceeding five dollars, or to undergo an imprisonment in the jail of the proper county not exceeding five days, or both. If such minor shall be under the age of sixteen years, he or she shall be certified by such alderman, magistrate, or justice to the juvenile court of the county, for such action as to said court shall seem proper.

Act May 7, 1913, P. 1, page 198.

## ARTICLE J.

## CONSOLIDATION OF PUBLIC SCHOOLS.

## When act shall be in force.

## Erection of a modern building.

## Proviso.

That whenever graded schools can be made to accommodate the pupils of one or more ungraded schools, by consolidating said ungraded school or schools with another school, either graded or ungraded, it shall be the duty of the board of school directors to abandon the one-room school or schools, and, instead of repairing or rebuilding the one-room schoolhouse or schoolhouses, they shall erect a suitable modern building for the purpose of consolidating and properly grading all of the said schools: Provided, That no pupil of the abandoned schools shall be required to walk more than a mile and a half to the new school building.

Act April 13, 1911, Sec. 1, P. L. page 63.

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in

HUMPHREY

37

BUFFALLE'S  
PRESS CLIPPING  
BUREAU

145 LAFAYETTE ST., NEW YORK

PHILA PA TRIBUNE  
FEBRUARY 12, 1907

NOW FOR DEMON TOBACCO

University Christian Association Is  
After Nicotine

Since arrangements have been completed for the relegation of demon rum to the limber of things forgotten, the University Christian Association at the University of Pennsylvania has disclosed that the tobacco habit is injurious to students and has inaugurated a campaign to teach them the evils of nicotine.

The crusade was opened yesterday with the distribution of anti-tobacco literature among the student body. The pamphlets set forth "seem to have made tobacco sacred," but contend that the last three Commanders-in-Chief of the American Army were not addicted to its use.

They further assert that General Grant died from the effect of a cancer produced through smoking and declare that statistics have shown that non-smokers shoot more accurately than do soldiers given to the use of tobacco.

51973 1832

1 Pa 32  
BEST BY ATTEST

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PRESS CLIPPINGS

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THIS CLIPPING FROM THE

ALLENTOWN  
PA.

LEADER

FEB 21 1944

## COLLEGE MEN TO AID WAR ON CIGARETTES

Hugo Bezdek Chief Crusader of  
Unique Campaign Among  
High School Boys.

The appearance of Hugo Bezdek, Penn State coach, in this city on Thursday, Feb. 21, will inaugurate an effort to rid the city of cigarette smoking as far as it affects boys of the Junior High School. Mr. Bezdek will address upper-class boys of the High School in the morning, and in the afternoon will talk to the Freshmen.

Mr. Bezdek will be followed on later days in the Junior High schools by leading athletes of Muhl-  
enberg, Lehigh, Lafayette, Princeton and University of Pennsylvania.

The plan came about as the result of conference between the Police Department, represented by Chief Bernhard and Detective Nixon; Rev. Dr. W. E. Brooks and Francis M. Berkemeyer, of the Federation of Churches; Rev. Dr. H. C. Lilly, H. H. Dent, Harry Wieland and John Durno, Y. M. C. A.; Supt. H. W. Dodd, Daniel W. Hamm, F. C. Seidel and Richard J. Schmoyer, public schools.

The college men have taken to the idea of aiding the crusade. Bill Skean, the Muhlberg football player, will be one of the crusaders and John Henry Leh is arranging to have one of Princeton's most famous men come to this city.

Levan Lavier of the Lawler & Co. has co-operated with the committee and has secured the personal permission of Henry Ford to reprint a famous booklet on "The Cigarette Evil Among Boys" for distribution here.

AMERICAN SMOKE

produced by RJRTC

in

HUMPHREY

37  
**BURRELLE'S  
PRESS CLIPPING  
BUREAU**

145 LAFAYETTE STREET  
NEW YORK

PHILADELPHIA BULLETIN  
AUGUST 30, 1921

**EDUCATOR RAPS SMOKING  
BY WOMEN TEACHERS**

**No Place in Schools for Them, He  
Tells Institute**

"There is no more place in the public schools for the teacher who smokes than there is for a snowball in the torrid regions—and that includes women teachers as well as men."

Dr. L. H. Beller, president of the State Normal School at Minot, N. D., made this statement today in his address at the Montgomery County Institute, in session at the Norristown High School.

"I do not know from actual observation, but have been told that many women teachers smoke," he said.

The morning session was also addressed by Dr. Charles T. McFarlane, of Teachers' College, Columbia University, and Dr. George William McClelland, of the University of Pennsylvania.

"Teachers who develop initiative in children are successful," said Dr. C. E. Douglass, assistant superintendent of Baltimore schools, at the opening of the Abington-Cheltenham Institute, at the Elkins Park High School, yesterday. He urged teachers to drop "autocratic methods."

Dr. D. D. Whitner, of Harrisburg, said home conditions and natural inclinations should be considered in outlining industrial training.

51973 1834

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READING *Page*

*Eagle*

ISSUE OF

APR 1923

### BAN ON GIRL SMOKERS

The feminine cigarette smoker is not wanted at the Edinboro State Normal School, Miss Helen Kunkle, dean of women, made this plain in a recent announcement.

"Any girl who is found smoking a cigarette will be expelled," Miss Kunkle declared. "If a cigarette is found in any girl's room, she will be dismissed without having an opportunity for justification. I will not have my girls smoking. The habit not only lowers the standard of the school, but cheapens a girl."

The dean asserted, however, that smoking is not prevalent in the school, and students said few of their number are using tobacco. Miss Kunkle's announcement is designed to stamp out the practice entirely. The student body has taken steps to support her, and the student council has ruled that the boys must not smoke on the campus nor at the various games.

THEIR OWN MINDS NEED

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HUMPHREY

Pa  
BURELLE'S  
PRESS CLIPPING  
BUREAU

111 AYETTE STREET

NEW YORK

N Y C POST  
APRIL 7, 1923

Pupils Demand School  
Board Stop Smoking

Hazleton, Pa., Threatened With  
Students' Strike Unless Officials  
Change Their Habits

HAZLETON, Pa., April 7.—Pupils of the eighth grade at the West Hazleton public school have sent a communication signed by the "Health Committee," demanding that the School Board, which meets in the eighth grade room at the school building, abstain from smoking at their meetings. Unless they did, the communication stated, there would be a general strike of students.

A warning against "smoking up the building" at board meetings, recently issued by the students, was ignored, they declared. Members of the board said if the strike threat was carried out the State attendance laws would be invoked.



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in

HUMPHREY

BURRELLE'S  
PRESS CLIPPING  
BUREAU

NEW YORK

NEW YORK CITY SUN  
JUNE 23, 1931

Women Smoking Assailed  
By Catholic Educators

PHILADELPHIA, June 23 (A. P.).—

The problem of smoking among women, especially college women, is being given heavy consideration at sessions of the National Catholic Educational Association in convention here. Penalties, even to refusing to grant honors to college women who smoke, were proposed to the college section of the association yesterday.

Solemn pontifical mass was celebrated this morning, after which Bishop Francis W. Howard of Covington, Ky., president-general of the association, and the Rev. Edward B. Jordan of Catholic University, Washington, were to address the general convention.

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HUMPHREY

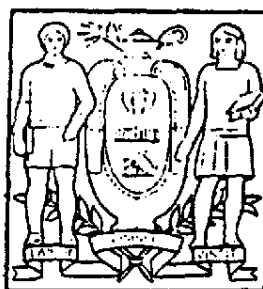
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COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC INSTRUCTION



COURSE OF STUDY IN  
HEALTH INSTRUCTION  
AND  
PHYSICAL EDUCATION



GRADES VII-VIII

BULLETIN 12 C

1934



HARRISBURG ♦♦♦♦♦ PENNSYLVANIA



51973 1838

## GRADES SEVEN AND EIGHT

## HEALTH INSTRUCTION

The material presented in this course for seventh and eighth grades is approached from a somewhat different viewpoint than that of the first six years. The difference is to be found largely in the points of emphasis. In grades one to six, included, the emphasis is placed primarily on the formation of proper health habits and attitudes without giving a detailed consideration to human physiology. Beginning with the seventh year, material is included which gives the child a basic physiological understanding of the necessity for certain health observances.

In the selection of the units of instruction, an effort has been made to select those of particular importance at these ages, and for those who will leave school before having the opportunity to continue a study of the units provided for grades above the eighth. The units suggested, together with the number of periods to be given to each, are as follows:

## Grade VII

Unit	60 Minute Period	30 Minute Period
Safety Education .....	3	6
Physical Activity and Posture .....	5	10
Stimulants and Narcotics .....	3	6
The Selection of Foods .....	13	26
The Health of the Respiratory System .....	12	24

## Grade VIII

Safety Education .....	3	6
Physical Activity and Posture .....	5	10
Stimulants and Narcotics .....	3	6
The Control of Infection .....	10	20
Care of the Special Senses .....	7	14
Health of the Circulatory System .....	8	16

It is recommended that an equal number of textbooks of each kind be purchased. This method provides more sources of material, broader viewpoints and is no more costly than the purchase of one book. It also means that each unit of instruction can be developed more effectively and extensively.

While the units of the program in health instruction are intended to be complete in themselves, opportunity should be taken to integrate the health problems of other subjects with the material herein offered. For example, the study of history provides many opportunities to relate the success or failure of colonization, wars, or economic movements with health factors. For example, failure of early colonization in America, due to epidemics of infectious diseases, and disease due to contaminated food; typhoid fever and smallpox as factors in the conduct of all of our wars excepting the world war, influenza in the world war; the effects of undernourishment upon the future generation in periods of economic depression.

- Learn from reports of health examination recommendations in regard to removal of tonsils and adenoids. Try to secure 100 percent correction.
- Study the life of Trudeau.
- Study the care of children in open air schools. Emphasize the evidence of improvement through a hygienic regime of living.
- Make a study of the prevalence of colds among classes; try to improve the situation; endeavor to have pupils with colds excluded from school; study absenteeism due to colds in school as a whole; check frequently during winter months.

## TEXTBOOKS

WINSLOW and HAIN. *New Healthy Living*. Book 11. Charles E. Merrill Company, New York. 1929. Chapters 7, 9.

ANDRES and BROWN. *Science and the Way to Health*. Ginn and Company, New York. 1929. Chapter 4.

BURKARD, CHAMBERS and MARONEY. *Personal and Public Health*. Lyons and Carnahan, New York. 1930. Chapters 7, 9, 10.

GREGG and ROWELL. *Health Studies--Personal Health*. World Book Company, Yonkers-on-Hudson, New York. 1932. Chapter 11.

WHEAT and FRZPATRICK. *Everyday Problems in Health*. American Book Company, New York. 1933. Problems 14-18.

## IV. Stimulants and Narcotics

This unit is so important that it is suggested that three one hour or six half-hour periods be devoted to it in each of the two years. Facts and scientific evidence should be given first consideration. Avoid arousing curiosity that may lead to testing effects of stimulants and narcotics. Appeal to pupils' desire for fitness in sports, efficiency in play or work, vigorous health and high character qualities.

## EVIDENCES OF PUPIL GROWTH

## HABITS OR SKILLS

Uses no tea or coffee; does not use tobacco in any form; avoids the use of alcoholic beverages; avoids the use of stimulants in any form when fatigued; does not use drugs for any purpose except when prescribed by reputable physician; avoids the use of patent medicines except when prescribed by reputable physician; seeks pleasure in wholesome and healthful forms; avoids the companionship of those who use alcohol or other narcotics; obeys the law in regard to alcohol and drugs.

## ATTITUDES

Appreciates personal responsibility to himself, to his family and to society for refraining from the use of alcoholic beverages and drugs; desires to avoid smoking until he has attained

6' Creates a craving for alcohol (a habit-forming narcotic).

(5) Effects on society

- (a) Earning capacity of individual diminished.
- (b) Lowers efficiency in school or occupation.
- (c) Responsible for much unhappiness, poverty, crime, disease.
- (d) Safety hazard  
Rules for motorists, railroads, air pilots, etc.
- (e) Effects on future generations.

(6) Current problems

- (a) Scientific investigations of the effects of alcohol.
- (b) Alcohol and athletics.
- (c) The Eighteenth Amendment
  - 1' Why it was passed.
  - 2' Responsibilities of a good citizen.
  - 3' Need for cooperation.
- (d) Education of the public.
- (e) Financial aspects of the alcohol question.

f. Drugs

(1) Sources

- (a) Opium—from certain species of poppy.
- (b) Morphine—a derivative of opium.
- (c) Heroin—manufactured.
- (d) Cocaine—from leaves of coca plant and coal-tar products.

(2) Usage

- (a) Medicine—used with care because of dangers of forming habit.
- (b) By drug addicts.

(3) Effects on individual

- (a) Habit becomes so strong individual will do anything to satisfy his craving.
- (b) Changes character—lose self-respect, honor, ambition. May lie, steal, or commit crime to obtain drug.
- (c) Loss of health.
- (d) Drain on finances.
- (e) Difficulties in breaking the habit and curing the individual.

(4) Social effects

- (a) Many crimes committed by users.
- (b) Loss of social responsibility.
- (c) Responsible for much poverty and unhappiness in families.

(5) Current problems

- (a) The smuggling of narcotics into this country; drug rings.
- (b) Hospital care of drug addicts.
- (c) Tempting youngsters and girls.
- (d) Legislation.
- (e) The prevalence of the patent medicine habit
  - 1' Harmful drugs used as ingredients.
  - 2' Dangers of use without prescription of a physician.

SUGGESTED ACTIVITIES AND PROCEDURES

1. Committees report on the studies of experiments and observations on the effects of smoking and alcohol on scholarship and athletics.
2. Compare the action of food and alcohol in the body to show why alcohol should not be classed as a food.
3. Demonstrate how tea and coffee should be prepared to minimize their harmful effects.
4. Pertinent questions for discussion: Why can your father indulge in smoking in moderation without apparent harm? Why does a boy who smokes get "winded" easily in athletics? What are the arguments for and against girls' smoking?
5. Committees make a study of what national organizations are doing to control (1) the use of alcohol, (2) the use of narcotics.

TEXTBOOKS

- WINSLOW and HAIN. *New Healthy Living*. Book 14. Charles E. Merrill Company, New York. 1929. Chapter 15.
- ANDRESS and BROWN. *Science and the Way to Health*. Ginn and Company, New York. 1929. Chapter 20.
- BURKARD, CHAMBERS and MARONEY. *Personal and Public Health*. Lyons and Carnahan, New York. 1930. Chapter 17.
- GREGG and ROWELL. *Health Studies—Personal Health*. World Book Company, Yonkers-on-Hudson, New York. 1932. Chapter 9.
- WHEAT and FITZPATRICK. *Everyday Problems in Health*. American Book Company, New York. 1933. Problem 20.

V. Physical Activity and Posture

The material on physical activity presents the physiological basis for such activity. This information should be most helpful to the teacher in the selection of the right type of exercise for various age groups.

Posture has been presented from the positive viewpoint and the emphasis has been placed upon normal rather than abnormal posture. Much can be accomplished in securing good posture through training.

## UNIT TWELVE—ALCOHOL, STIMULANTS, AND NARCOTICS

Coordinate with the unit on Alcohol, Stimulants, and Narcotics for the senior high school.

### I. Desired Outcomes

#### A. Practices:

1. Refrains from using alcoholic beverages so as to keep in the best mental and physical condition.
2. Does not use tobacco in any form in order to get the best possible efficiency of the body and mind.
3. Avoids the use of habit-forming drugs which are injurious to one's health.

#### B. Attitudes:

1. Obtains the attitude that it is one's duty to keep the body in the best mental and physical condition by refraining from the use of all habit-forming drugs.
2. To develop an attitude of inquiry regarding common beliefs about health in relation to narcotics and drugs.

#### C. Knowledges:

1. To acquire adequate information about the habit-forming drugs and to learn the harmful effects upon one's body and mind in order to make a better and more healthful individual.
2. To develop a realization that drugs do not solve the cause of aches and pains in the body.

### II. Suggested Teaching Content

#### A. Definitions:

1. Narcotics.
2. Stimulants.

#### B. Types:

1. Narcotics—alcohol, tobacco, marihuana, morphine.
  - a. Alcohol—Source, nature, and actions.
2. Stimulants—coffee, tea, etc.

#### C. Alcohol:

1. Physical effects.
  - a. Reaction time dulled.
  - b. Narrows, shortens, and results in double vision.
  - c. Hinders skill and speed of movement.
  - d. Produces strain on the body and reduces efficiency.

# Course of Study in Health Education for Secondary Schools



Bulletin 313  
1944

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC INSTRUCTION  
HARRISBURG

# Differ on Effects of Heavy Smoking U. S. LINKS CANCER WITH CIGARETTES



Dr. Clarence Cook Little



Dr. Leroy E. Burney

## Cancer Report and Reply

WASHINGTON, July 12 (UPI)—Two reports on the effects of heavy smoking on health, one by Dr. Leroy E. Burney, Surgeon General, and the other by Dr. Clarence Cook Little, Chairman of the National Cancer Institute, are expected to be published today.

The Surgeon General's report, based on a study of 100,000 men, found that the incidence of lung cancer is higher among heavy smokers than among non-smokers. Dr. Little's report, based on a study of 100,000 men, found that the incidence of lung cancer is higher among heavy smokers than among non-smokers.

The Surgeon General's report, based on a study of 100,000 men, found that the incidence of lung cancer is higher among heavy smokers than among non-smokers. Dr. Little's report, based on a study of 100,000 men, found that the incidence of lung cancer is higher among heavy smokers than among non-smokers.

In the light of these studies, it is clear that there is an increasing and consistent body of evidence that excessive cigarette smoking is one of the causative factors in lung cancer.

**Relationship Found**

The study group, appraising 17,000 independent studies, reported that lung cancer occurs much more frequently among cigarette smokers than among non-smokers and there is a direct relationship between the incidence of lung cancer and the amount smoked. This finding was reinforced by the recent report by Dr. Little.

direction: that excessive smoking is one of the causative factors in lung cancer. The study group notes that the incidence of lung cancer is higher among heavy smokers than among non-smokers. It is needed to determine the meaning and significance of any statistical association between smoking and heart disease. The study group reported there is no convincing biological or clinical evidence to date to suggest that smoking per se is a causative factor in heart disease. Although the report by Drs. Hammond and Horn since provided additional data on this subject, the study group feels that more statistical and biological data is needed to establish a definite position on this matter.

**Statement by Dr. Little**

The statement issued today by the Surgeon General adds nothing new to what has been known about the cause of lung cancer. It reflects the opinions of some statisticians and the relatively few experimental scientists who have actively charged that cigarette smoking is a cause of lung cancer.

No new evidence has been produced since the Scientific Advisory Board to the Tobacco Industry Research Committee last stated its position on this question on May 1, 1957. At that time, I said that although anyone has the right to state an opinion on cancer causation, "the Scientific Advisory Board questions the existence of sufficient definitive evidence to establish a simple cause-and-effect explanation of the complex problem of lung cancer."

That is most definitely our position today.

The Surgeon General's own statement makes clear that lung cancer occurs among

Continued From Page 1

sponsible for health education. Dr. Burney asked the state health officers and the American Medical Association to consider distributing copies of the United States reports to local health officers, medical societies and other health groups.

**Recent Studies Cited**

The scientific studies cited in Dr. Burney's statement are:

1. A report of the Study Group on Smoking and Health, made public March 23, which evaluated eighteen independent studies. It found a high degree of statistical association between lung cancer and heavy and prolonged smoking. The Public Health Service was one of the sponsoring agencies of this study.

2. A report by Dr. E. C. Hammond and Dr. Daniel Horn of the American Cancer Society to the American Medical Association, published June 3. This report found "extremely high" associations between smoking and lung-cancer deaths and between smoking and deaths from cancer of the larynx and esophagus and from gastric ulcers. It also raised the question of a link with heart disease.

In his statement today Dr. Burney recommended further research:

1. To identify, isolate, and try to eliminate the factors in excessive cigarette smoking that can cause cancer.

2. To ascertain the role of air pollution and other factors that also may be the cause of lung cancer in man.

3. To determine the meaning and significance of any statistical association between smoking and heart disease.

This research would form a basis for a possible "future cause-and-effect" pronouncement by the Public Health Service.

Dr. Burney stated that while the evidence suggests cigarette smoking as a cause of cancer was largely epidemiological, some laboratory studies on animals had provided contributory information.

**Five Studies Cited**

At least five independent studies, he said, have produced malignancies by tobacco-smoke concentrates. It also has been reported that biological changes similar to those that take place in the genesis of cancer had been observed in the lungs of heavy smokers.

Dr. Little said that the Surgeon General's statement had added nothing new to cancer knowledge, and had reflected views of "the relatively few experimental scientists who have actively charged that cigarette smoking is the cause of lung cancer."

"Many experiments on inhalation of cigarette smoke in a

recently published book, "Science Looks at Smoking," by Dr. Harry S. Greene, chairman of the Department of Pathology at the Yale University School of Medicine. Dr. Greene said his experiments with tobacco tar and embryonic human tissue had established no causal relationship between smoking and lung cancer.

**Texas' Work Noted**

Another work mentioned was an article by Dr. P. H. Rigdon, director of the Laboratory of Experimental Pathology at the University of Texas Medical Branch. Dr. Rigdon wrote: "A demonstration of carcinogen in cigarette tar for the skin of a mouse and a rabbit cannot be accepted scientifically as a carcinogen for the lung of man."

Drs. Milton Rosenblatt and James Lisa, in their book "Cancer of the Lung," published in 1956, were quoted by Dr. Hartnett as saying that the relationship between the increased incidence of lung cancer and the rise in cigarette consumption "is purely speculative." They contended that "the death rate from lung cancer has increased at a far greater pace than has the consumption of tobacco."

Finally, Dr. Hartnett cited a study conducted in 1954 by Edward A. Lew, actuary and statistician for the Metropolitan Life Insurance Company. Mr. Lew wrote that approximately half of the increase in respiratory cancer deaths from 1930 to 1953 "reflects merely the growth and aging of the population, and a considerable part of the remainder represents improved diagnosis and more complete case finding. . . . Data are not available to show how much of it can reasonably be attributed to the effect of specific factors."

## SENATOR GREEN FAINTS

Enters Naval Hospital After Collapse at Pakistani Fate

WASHINGTON, July 12 (AP)—Senator Theodore Francis Green, Democrat of Rhode Island, entered Bethesda Naval Hospital tonight for a rest after he had collapsed at an embassy party. The chairman of the Senate Foreign Relations Committee recovered consciousness after a brief blackout during a reception at the Pakistani Embassy.

Edward J. Higgins, the Senator's administrative assistant, said that "there was no kind of an attack involved—it was just heat exhaustion. The doctors say his condition is very satisfactory. He'll be in the hospital for two or three days of rest—if he'll stay that long."

Senator Green, who is 59 years old, slumped as he stood on a veranda. The Begum Sulaiman, daughter of the visiting Prime Minister Huseyn Shaheed Suhrawardy of Pakistan, called physicians from among the several hundred guests at the reception.

The Senator was carried to the living room, where he regained consciousness in a few minutes.

## ON TELEVISION

- 8:30 A. M.—Shirley Temple, "The Shirley Temple Show" (10)
- 8:30 A. M.—Cartoon Festival (10)
- 8:30 A. M.—Hickory Dickory Dock, W. Oliva, hostess (10)
- 8:30 A. M.—On the Carousel, C. G. G. (10)
- 8:30 A. M.—Children's Theatre: Film of Play Forest, host (10)
- 8:30-10:30 A. M.—Captain Kangaroo, with Bob Keeshan (10)
- 10:30-11:30 A. M.—Howdy Doody Show, with Ing Fountaine (10)
- 11:30-12:30 A. M.—Susan's Show, with Ing Fountaine (10)
- 11:30-12:30 A. M.—Mighty Mouse (10)
- 11:30-12:30 A. M.—Susan's Show, with Ing Fountaine (10)
- 11:30-12:30 A. M.—It's a Hit! Quiz for with Happy Fenton (10)
- 1:15-2:30—Off to Adventure: Visit with Indian Chief in British Columbia (10)
- 1:15-2:30—Right Now: "Has the Supreme Too Far?"—Samuel W. Lane, Chairman (10)
- 1:15-2:30—Baseball: Brooklyn Dodgers vs. Redlegs, from Ebbets Field (10)
- 1:15-2:30—Baseball: New York Giants vs. Cardinals, from Polo Grounds (10)
- 2:30-3:30—Our Nation's Boom: The Service His Country—the Civil War (10)
- 2:30-3:30—Congressional Close-up: Discuss Rights legislation, U. S. Interstate force and legislation to control funds. Representatives Emanuel C. P. Morano, Peter Frelinghuysen (10)
- 3:30-4:30—Comedy Party: Children's Ben Blue, guest host (10)
- 7:30-8:30—The Buccaneers: "Blood Will Robert Shaw" (10)

(+DENOTES PROGRAM)

## DAYTIME

- 7:00-7:30—Film: "The Story of the Apple" (10)
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Associated Press Wirephoto  
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## SHEV FIRM ERMAN ISSUE

Linking Union With  
uts, Indicating No  
e in Soviet Policy

YDNEY, July 12—The New York Times today said that the Soviet Government's policy of "no changes in high policy" was an immediate answer to the Kremlin's demand that the Soviet Communist Secretary raised the German reunification as a position in which Germany earned no concessions.

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"Gullibility" and "hypocrisy" from Congressional Democrats. With a few appropriations bills still pending in Congress and "agency" officials pleading that they not be cut, the letter seemed to put the Administration in the position of asking for more, than it intended to use.

In theory, the directive might mean cutting \$2,000,000,000 to \$3,000,000,000 from the spending that is likely to occur this year if present trends continue. But no such dramatic results are expected.

**Vote Is On Appropriations**  
Congress does not vote on the President's spending estimate, but on his appropriations requests. Appropriations for any given year provide some funds for spending in that year, and authority to obligate or commit the Government to expenditures in future years.

Speaker Sam Rayburn, Democrat of Texas, said he did not know "what kind of mental gyrations" were involved in the Administration's telling Congress that the budget would not be cut and telling agencies to cut it.

Representative Clarence Cannon, Democrat of Missouri and chairman of the House Appropriations Committee, announced that his committee would hold off hearings "because there is no basis on which to determine appropriations for the remainder of the year."

Three Appropriations subcommittees, dealing with foreign and military construction, returned to hearings when Administration witnesses provided explanation of their budget requests with the Presidential

Martin in Challenge

Presumably the hearings will be resumed shortly with Democratic leaders and the Administration facing some understanding on the situation.

Representative Joseph Martin Jr. of Massachusetts, a House Republican leader, testified to another challenger by asking, "What side are you on?"—the economy or opposed.

Representative John Taber of upstate New York, ranking Republican on the Appropriations Committee, defended the letter and said it was designed "to keep spending under control and to keep it within the appropriations by Congress."

His statement spotlighted the possibility that such an economy order was necessary to keep the Government from going beyond the limits set by Congress, rather than to cut below those limits.

Economy letters from the Budget Bureau to the directors of Federal agencies are not new.

WA. action aimed at controlling accounts on Government-insured mortgages. Discounts arise at times, such as

Continued on Page 15, Column 5

## U. S. LINKS CANCER WITH CIGARETTES

Health Service Cites Data—  
Industry Group Contends  
Proof Is Still Lacking

Surgeon General's statement,  
industry's reply, Page 35.

By BESS FURMAN

Special to The New York Times

WASHINGTON, July 12—The Public Health Service took the official position today that there was "increasing and consistent evidence" that "excessive cigarette smoking is one of the causative factors of lung cancer."

This changed an official pronouncement in 1954 that cited some evidence of statistical association between the two, but left open the question of cause-and-effect relationship.

Leroy E. Burney, the Surgeon General, simultaneously began a nationwide informational campaign on the subject. He sent to the public health officers of all states and to the American Medical Association copies of his announcement and of two recent scientific reports in the United States that showed "extremely high" association between heavy smoking and lung cancer.

Statement Is Challenged

The Surgeon General's statement was challenged immediately by Dr. Clarence Cook Little, chairman of the Scientific Advisory Board to the Tobacco Industry Research Committee. He said that three years of research by his group "has produced no evidence that cigarette smoking or other tobacco use contributes to the origin of lung cancer."

The action of Surgeon General Burney followed a similar move taken recently by the Ministry of Health in Britain. The British Medical Council reported a high statistical link between smoking and lung cancer on the basis of thirteen studies in several countries.

The British Government brought these views to the attention of local authorities re-

WASHINGTON, July 12—The Southern opposition stated a tactical retreat today as the Senate unanimously agreed to vote next Tuesday on a motion to end up the Administration's civil rights bill.

The Senate has been debating since Monday merely the question of whether the measure should be made the official pending business.

Thus, largely routine preliminary move of calling for a bill was assured of approval by today's development, both as a majority of Senators in favor of favor passage of the civil rights measure. The real question has been whether Southern opponents would attempt to delay or block a vote at this stage by prolonged debate.

Amendments Allowed

The agreement also allowed the Senate of an opportunity, once the bill is officially before it, to alter the text, possibly to a point where it would not be wholly distasteful to the South. But there still was no certainty that a vote on the measure itself could be held. The possibility that Southerners would engage in a filibuster—the tactic of dilatory debate to prevent action—remained very much in the picture.

Some signs indicated that a compromise might be found and a filibuster averted or at least forced to a conclusion by closure, the Senate procedure for limiting debate. A two-thirds majority of the entire membership of 84 senators is required to invoke closure.

Senator William F. Knowland of California seemed to lend weight to prospects of concessions to the Southern point of view, if not outright compromise, after a breakfast conference.

Continued on Page 5, Column 5

## BECKS INDICTED IN SALE OF CARS

Profit on Union Autos Laid  
to Teamster Head and Son

By The United Press

SEATTLE, July 12—Dave Beck and his son, Dave Jr., were indicted today on grand jury charges. They were accused of taken recently by the Ministry selling Cadillacs owned by the Teamsters Union and pocketing the money.

Mr. Beck Sr., president of the union, was charged on one count of misappropriating \$1,000 in union funds. His son was indicted on two counts of misappropriating a total of \$4,000. They were released under \$3,000 bond each after they appeared at the courthouse yesterday.

Grand Jury Investigation

The King County grand jury that returned the indictments has been investigating financial affairs of the Teamsters Union in the Seattle area. The indict-

Page 2, Column 5 Continued on Page 15, Column 1 Continued on Page 15, Column 4

## Khan's Son, 20, New Aga Khan

Harvard Man,  
on as Father

## cigarettes continued

by volunteer workers of the Society. Volunteers in selected counties of ten different states will record the smoking and medical histories of ten men each.

The follow-up method of study of the American Cancer Society should overcome some of the deficiencies in previous methods of investigation. But it will be several years before answers will be forthcoming. If it should be proved that heavy tobacco smoking (particularly of cigarettes) over many years is a factor in the cause of cancer of the lung, it will then be up to the smoker to determine if he will take his chances in acquiring cancer of the lung in exchange for the comforts, pleasures, and stimulant or sedative effects that smoking provides. Car-driving on busy city roads is the leading cause of accidental death and most of us take the chance.

There is also inconclusive evidence about the effects of tobacco on the body in physical performance and endurance in athletic contests. About all that has ever been shown is that susceptibility to the effects of tobacco varies widely among individuals. While some men can smoke in moderation without impairment of athletic proficiency, others have exhibited poor performance after smoking for some time.

Heavy smoking of pipes, cigarettes is known to cause irritation of the mouth and tongue, often of such intensity as to lead to the development of localized areas of thickening or "leukoplakia" of the mouth. This thickening is considered a potential cancerous or pre-cancerous condition. When the condition is detected in the pre-cancerous stage, it will usually disappear if smoking is stopped.

With respect to tobacco as a factor in the causation of disease of the stomach or intestines, a recent, critical study was done by H. L. Hagerman and Ehrenfeld of New York University, College of Medicine. A careful review of published work has convinced them that "tobacco smoking is not . . . a factor in the causation of peptic ulcer" either of the stomach or of the small intestine. But there is evidence that "smoking may result in functional disturbances which may simulate organic disease or aggravate functional or organic disease." It is particularly the person with an active peptic ulcer who is likely to be helped by smoke. His response to active treatment will be much less satisfactory than in the patient who gives up smoking entirely.

Heavy tobacco smoking may cause a disorder of the eye described as "retrobulbar neuritis," associated with varying degrees of impairment of vision.

Review of the incontestable toxic and irritating effects of tobacco smoking, and in view of the possible connection between heavy cigarette smoking and cancer of the lung, it may properly be asked whether the pleasures and comforts of smoking are worth the candle. To denounce the habitual smoker as a weak-willed, degenerate addict digging his own grave is hardly a reasonable answer to a problem involving millions of normal, well-adjusted persons who are habitual smokers. Although craving is exhibited by heavy smokers when tobacco is removed, there is no evidence that true physical addiction occurs, as

with opium drugs. Nor is there evidence that profound psychological disturbances occur when tobacco is withdrawn. According to Professor William T. Salter of the Yale University School of Medicine, "It would seem . . . that tobacco is as habit forming as breakfast coffee, chewing gum, lollipops and several other forms of habitual indulgence."

The issue is not whether tobacco is habit forming—since everyone is agreed that it is. The issue is whether the tobacco habit is so harmful as to require a serious reduction in smoking or even complete abstinence. This issue is not resolved by pointing to Raymond Pearl's famous report of 15 years ago, which showed that beyond the age of 30 only 63% of habitual heavy smokers could expect to survive to the age of 50, as against 81% of abstainers, since it was not at all made clear in that report whether the shortened life expectancy was due to tobacco or to some nervous condition which predisposed toward the use of tobacco.

However the habit is acquired, smoking is an activity that serves to reduce the inner nervous tensions and strains resulting from man's exposure to the stresses and responsibilities imposed by society. It helps him to perform more effectively in his work and personal relationships. It would seem to be, at the least, a less harmful method of adaptation than alcohol addiction or even, in many cases, overeating. Many doctors have noted that when a patient successfully gives up tobacco, his appetite increases and he puts on weight. But it is questionable that overeating (and its consequence, overweight) is a more desirable habit than smoking; certainly it is not for some persons with heart or vascular disorders.

### To summarize

There are instances, as in Buerger's Disease and similar affections, where the risks of smoking are so serious that despite the satisfaction provided by smoking, it must be sacrificed to avoid loss of limb, sight, or life. In leukoplakia of the mouth or tongue brought on by smoking, the probability of cancer development is serious enough to demand a similar prohibition. In ulcer of the stomach and some other ailments, although nicotine can be an aggravating influence, some physicians, nevertheless, permit moderate use of low-nicotine cigarettes on the ground that any physical irritation is offset by the analgesia smoking may offer against life's problems.

As for cancer of the lung, while it has not been conclusively proved that heavy smoking is a major factor in its rising incidence, the evidence for such an indictment is very suggestive. Until proof is forthcoming, it is obvious that those who can should cut their smoking to what is considered moderate levels—certainly not more than a pack a day. Those who cannot should understand that they are taking a risk of unknown dimensions, and should get an X ray of their lungs every six months.

For those who wish to overcome the tobacco habit, doctors often prescribe strong astringent mouth washes or rinses. Proprietary tablets or lozenges containing similar astringents, as well as nauseating drugs, are also sold. It has never been shown that such preparations are an effective long-range curb on the smoking habit.



5/2/56



Dr. Crane

was his hero. Timmy had pasted pictures of this young man all over his room.

"But today Timmy saw his hero pictured with a cigaret in his hand and endorsing a certain brand of tobacco.

Well, Timmy's Boy Scout leader is a young physician who has warned the boys of the dangers of tobacco.

"So Timmy was crestfallen. His hero now was shown to have feet of clay. And because Timmy has idolized so much about his hero, Timmy hesitated to go to Scout meeting tomorrow night. He says he can't face his hero."

Moral Responsibility

Young people -- both boys and girls -- undergo a period of hero worship as they enter teens.

This "hero worship" is sometimes so strong that it causes youngsters to skimp on their education in order to buy a ticket to a performance where their hero is to perform. Sometimes these heroes are athletes. Others may be movie stars or musicians, radio announcers and MC's on

band clubs sprout up throughout the country and teenage admirers often get carried over into adult age groups.

Everybody who "fronts" before the public should realize that a grave moral responsibility devolves upon the shoulders of such heroes. The heroines of modern youth.

Regardless of the hero's personal appetites, he should recognize his psychological obligation to his "fans" and not sell them out or betray them in Judas fashion.

Irene Dunne in the movies and President Eisenhower in the White House are two outstanding examples of splendid moral leadership.

They have diligently tried to keep faith with teen-age America and set a strong positive example regarding church attendance, freedom

from any germ or stomach upset.

Timmy worshipped a certain famous athlete who was his hero. Timmy had pasted pictures of this young man all over his room.

"But today Timmy saw his hero pictured with a cigaret in his hand and endorsing a certain brand of tobacco.

Well, Timmy's Boy Scout leader is a young physician who has warned the boys of the dangers of tobacco.

"So Timmy was crestfallen. His hero now was shown to have feet of clay. And because Timmy has idolized so much about his hero, Timmy hesitated to go to Scout meeting tomorrow night. He says he can't face his hero."

There isn't any royal road to that, of course. It is something that anybody CAN do if he wants to do it. It isn't necessarily easy, but I don't think it is up to a doctor, me or any other one, to find an easy way to do everything.

However, it was Dr. Ochsner's comment about addiction to tobacco that struck me. The addiction itself -- the physical desire for nicotine -- will last about two weeks. After that, it is merely the habit that persists. The habit of lighting a cigaret when you don't happen to be doing anything else with your hands. The habit of lighting up as you sit reading, or after a meal, or even while you are on the telephone.

I've discussed this matter of habit in the column before, and that is the hardest part about giving up tobacco, I believe.

It may well be of interest to a lot of readers to know about that two-week persistence of the addiction, which Dr. Ochsner mentioned. In other words, if you are making a serious effort to give up smoking for one reason or another, at least give yourself more than a two-week try. After that first two weeks, remember that all you are struggling with is a simple (if ingrained) habit.

Incidentally, it is my opinion that the intensity of this addiction to nicotine will vary. A good many people, even many who have been heavy smokers for a long time, may find that the addic-

tion from my childhood?" a mother asked us the other day. "It certainly is safe," we assured her. "There are, it's true, some ages when the child's affection may seem a kind of Child Guidance advice

# To Your Good Health

By JOSEPH G. MOLNER, M.D.

THE VERY famous Dr. Alton Ochsner was in my city not long ago, and it occurred to me that one of his remarks might be of considerable interest to readers -- especially since I have had quite a number of inquiries about how to stop smoking.

There isn't any royal road to that, of course. It is something that anybody CAN do if he wants to do it. It isn't necessarily easy, but I don't think it is up to a doctor, me or any other one, to find an easy way to do everything.

However, it was Dr. Ochsner's comment about addiction to tobacco that struck me. The addiction itself -- the physical desire for nicotine -- will last about two weeks. After that, it is merely the habit that persists. The habit of lighting a cigaret when you don't happen to be doing anything else with your hands. The habit of lighting up as you sit reading, or after a meal, or even while you are on the telephone.

I've discussed this matter of habit in the column before, and that is the hardest part about giving up tobacco, I believe. It may well be of interest to a lot of readers to know about that two-week persistence of the addiction, which Dr. Ochsner mentioned. In other words, if you are making a serious effort to give up smoking for one reason or another, at least give yourself more than a two-week try. After that first two weeks, remember that all you are struggling with is a simple (if ingrained) habit. Incidentally, it is my opinion that the intensity of this addiction to nicotine will vary. A good many people, even many who have been heavy smokers for a long time, may find that the addic-

tion is not a difficult thing to cope with. The real problem is simply devoting enough attention to break that habit of lighting up. But at least get past the first two weeks before you give up your effort.

Dear Dr. Molner: I have been seeing spots in my field of vision for about 10 years now. My vision is 20/20, but I am often annoyed by these spots, or vague patterns, which I notice particularly when I roll my eyes. What can I do about this condition? --E. O. R.

Just offhand, I'd say you might go to a doctor and have a competent eye examination. There are numerous causes of spots, ranging from local eye disorders to generalized disturbances like a chronic infection, diabetes, nephritis and the like. Dear Dr. Molner: I have been taking liver shots for pernicious anemia, but I had much rather take vitamins. What would you suggest? I'm guessing that you've read or heard about the use of Vitamin B12, as well as liver extract, for pernicious anemia. My best suggestion is that you should remember that this disease, until about 30 years ago when the use of liver was discovered, was always fatal. Now it isn't. So follow your doctor's directions. In the second place, the B12 is given by injection anyway!

Copyright, 1956

# Astrological Forecast

By CARROLL RIGTER

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June 25, 1957, Pg. 1

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## Of Family Lucr

OAKLAND, Cal., June 27 (UP) — Embarrassing moment for any bank:

The Concord Branch of the Crocker-Anglo Bank, noticing a shortage of \$27,500, hurriedly asked its garbage collector to check his load. He did and came up with a deposit bag containing \$27,500 yesterday.

How did it happen?  
"We're just not talking about this," said manager Lawrence M. Boehmen.

The Soviet note—by West German Ami Wilhelm Haase by Soviet Foreign Minister Andrei C—declared West Germany was setting itself up as an arbiter in the London negotiations.

Recent statements by Soviet leaders have disclosed they see no prospect of German unification at this time. Nikita Khrushchev, the Russian Communist Party chief, has said the Russians have no desire to talk with the other powers on unification.

rually leaped upon the co today.

The 50-mile-wide eye passed over Orange in the familiar pattern: hurricane winds, followed by dead calm, then renewed severe blow.

At least nine men drowned when the 78-ton fishing vessel Keturah struck an offshore drilling platform near Galveston Bay last night during the storm. The Warren Fish Company, owner of the boat, has the names of eight known crewmen but still sought the name of the ninth man the captain had signed on before the ship left Pensacola. Another man drowned at Galveston in a strong undertow.

(Continued on Page 6, Col. 2)

# Cancer-Tobacco 'Link' Recognized by Britain

## Warning of Risks Involved in Smoking Given Nation in House of Commons

LONDON, June 27 (UP) — The British government said today it had been warned that an increase in lung cancer deaths was largely caused by smoking tobacco—particularly cigarettes.

W. A. Morgan, parliamentary secretary to the minister of health, told the House of Commons:

"The Medical Research Council have advised the government that the most reasonable interpretation of the very great increase in deaths from lung cancer in males during the past 25 years is that a major part of it is caused by smoking tobacco, particularly heavy cigarette smoking."

The British Medical Research Council is an independent body financed by the government.

Morgan said the government felt this "latest authoritative opinion" should be "brought effectively to public notice so that everyone may know the risks involved in smoking."

The Research Council annual report said evidence suggested that one in every eight heavy, lifelong cigarette smokers may die of lung cancer, while the number of non-smokers likely to die of the disease is about one in 300.

It conceded that atmospheric pollution played some part in causing the disease, but a relatively minor one.

The report said persons who give up smoking, even in the early 40s, may reduce the likelihood of developing the disease by at least a

## July 4 Delivery A P-G Exclusive!

News never stops—even on Uncle Sam's birthday. And the Post-Gazette is the only local paper bringing you every latest happening even on July 4.

Don't take a holiday from reading the most complete and enjoyable news and features. Arrange now to have the Post-Gazette delivered on July 4. Just call AT-1-1000 today for

7-13-57 A2  
duced by RJRTC  
Pp. 1-10  
7-13-57 A2  
sored—the legislation at the urging of members of a Perry County Country Club for Negroes. The club contended it was unable to obtain a license. The bill would have applied to all country clubs.

The governor signed into law a bill to authorize municipalities to increase the aggregate of all taxes authorized by the local tax act to 1½ per cent of the total assessed valuation of real estate in the taxing district.

## Blast of Diablo Reset for Today

ATOMIC-TEST-SITE—

July 12 (AP) — Firing of Diablo—the atomic device that failed to explode June 28 because of a power failure—has been put off at least until tomorrow morning.

It was scheduled to be exploded from a balloon 500 feet above the desert today.

PITTSBURGH POST-GAZETTE

July 12, 1957 p. A2

in illustration Monday at 8:30 p. m.

Dr. Conant, one of the nation's outstanding educators in the fine arts, will present the third of a series of free lectures sponsored by the Carnegie College of Fine Arts.

## Viking Arrow Injures Actor

DINARD, France, July 12 (AP) — Actor Tony Curtis' left eye was grazed by a Viking arrow during a movie scene today. It left him nursing a headache and a shiner.

Curtis ducked a split second before being struck. But the point of the arrow nicked him and the shaft grazed his eye.

Curtis was not working in the scene, which depicts the storming of the English coast by 150 Vikings. The film is "The Vikings" and part of it is being shot at a castle on the French channel coast because a suitable castle couldn't be found in England.

## U. S. Envoy Calls

MOSCOW, July 12 (AP) — United States Ambassador Llewellyn E. Thompson, Jr., paid his first courtesy call on Soviet Foreign Minister Andrei Gromyko today.

## More Evidence Cancer Caused by Smoking

Surgeon General Cites Recent Studies—  
In Public Health Service Statement

WASHINGTON, July 12 (AP) — Citing recent studies, Surgeon General Leroy E. Burney said today there is increasing evidence that excessive cigarette smoking is one of the causal factors in lung cancer.

Burney said the Public Health Service favors more research to identify and "try to eliminate" these factors. He said "It is clear that heavy and prolonged cigarette smoking is not the only cause of lung cancer."

In New York, Clarence C. Little, chairman of the scientific advisory committee to the tobacco industry research committee, said his statement adds nothing new to

what has been known about the cause of lung cancer.

The surgeon general's statement was the first health service pronouncement on the question since the agency noted in 1954 that there was some evidence of a statistical association between cigarette smoking and lung cancer.

In today's statement, Dr. Burney offered no new proof but cited results of studies, especially one by a special group organized jointly by the Public Health Service's National Cancer Institute and the American Cancer Society, and the American Heart Association. This group's findings were made public last March.

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# MAIN LINE TIMES

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THE MAIN LINE'S  
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WEEKLY NEWSPAPER  
35¢ MONTHLY  
(BY CARRIER)

ARDMORE, PA., THURSDAY, JANUARY 23, 1964

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\$4.20 per year delivered by carrier

## Radnor To Hold 1964 Tax Rate At Same Level

Proposed Budget  
Gives Employees  
4% Wage Boost

Radnor Township's tax rate will be unchanged in 1964.

The township's Board of Commissioners last Thursday unveiled a \$1,201,970 budget for the year and gave it preliminary approval. It will receive a final vote after being displayed for a week in the township building. The real estate tax rate stays at 21 mills as in 1963. According to Board President Roger A. Gorman, the township entered the new year with surplus of \$50,000.

"With this surplus," he said, "we are granting township employees an overall increase of four percent in their salaries and wages, with one or two adjustments of various salaries for people in the professional category." Some of the township's employees themselves will get a raise. The four percent figure equals the increase given by neighboring Lower Merion to its employees in the newly adopted budget. Why No Tax Drop?

It might be expected that some might wonder why taxes remained the same if there is a surplus. An explanation he pointed out is the first rental on the new township building is under construction.

## Legalized Student Smoking May End in Lower Merion

Hazards Prompt  
School Directors  
To Consider Ban

Once, high school students in the Lower Merion system caught smoking in school could count on a three-day suspension.

But that was before more liberal attitudes took hold, and Lower Merion High School designated an outdoor area where pupils could smoke with impunity. When Harrison High School opened five years ago, a similar "smoking area" was designated there.

Now, the day of the legalized tobacco may be on the way out. The Lower Merion school board Monday night ordered the school administration to study the smoking situation with an eye toward eliminating all authorized smoking in the high schools. Sept. of Schools Philip U. Koopman is expected to report back to the board at a Feb. 17 meeting.

Only one of the two senior high schools permits student smoking this year. When construction work on an addition got underway at Lower Merion High, the smoking area had to be reclaimed for that project. Presumably, however, it would have been restored when the



## 200 Turn Out For 2d Defense Of Old Buck Inn

19 Witnesses Urge  
Rejection Of Plans  
For A Restaurant

A large — and vocal — number of Old Buck Inn enthusiasts faced the Haverford Township Board of Adjustment Tuesday night in a next-to-last ditch attempt to save the 224-year-old landmark from the wrecking crews.

Hot Shoppes, Inc., which purchased the inn for \$200,000, is seeking a zoning variance which would permit the corporation to build a restaurant on the site. The board has 45 days in which to reach a decision about the zoning variance.

It is expected that, if the board okays the variance, the case will be appealed in court.

This week's hearing was a continuation of another a week ago which was devoted largely to the presentation of the Hot Shoppes' case.

More than 200 persons opposed to the destruction of the inn and to the construction of the restaurant were on hand this time to protest the zoning exception and to cheer on the 19 witnesses who were protesting.

Opponents of the plan argued that the four-hour session was devoted largely to hearing those who were in favor of the zoning

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## 4% Wage Boost

Haver Township's tax rate will be unchanged in 1964. The township's Board of Commissioners last Thursday unveiled a \$1,307,970 budget for the year and gave it preliminary approval. It will receive a final OK after being displayed for a month in the township building. The No. 1000 tax rate will be 41 mills in 1963. According to Board President Rocco A. Chirico, the township entered the year with surplus of \$50,000.

"With this surplus," he said, "we are granting township employees an overall increase of four per cent in their salaries and wages, with one or two adjustments of certain salaries for people in the professional category." Some of the township's employees themselves will get a raise.

The four percent figure equals the increase given by neighboring Lower Merion to its employees in the newly adopted budget.

### Why No Tax Drop?

Chirico said he expected that some might wonder why taxes cannot be reduced if there is a surplus. In explanation he pointed out that (1) the first rental payment on the new township building, now under construction, is due. (2) the salary increase must be accommodated; (3) a full-time park and recreation grounds supervisor is being hired, and (4) \$2000 more is being appropriated to the Radnor Fire Co. than in 1963, and "a little more" to the Bryn Mawr school.

The surplus compares with a carryover figure of only \$245,110 a year ago. Breaking down the surplus funds, Chirico said \$12,000 is for the new building, \$10,000 for the new fire co., and \$10,000 for the new school.

## BUDGET

Continued on Page Thirty-Four

## School Directors To Consider Ban

Once, high school students in the Lower Merion system caught smoking in school could count on a three-day suspension. But that was before the school board decided to consider a ban on smoking in schools. When Harrison High School opened five years ago, a similar "smoking center" was designated there.

Now, the day of the legalized school smoker may be on the way out. The Lower Merion school board Monday night ordered the school administration to study the smoking situation with an eye toward eliminating all authorized smoking in the high schools. Supt. of Schools Philip U. Koopman is expected to report back to the board at its Feb. 17 meeting.

Only at Harrison Now

Only one of the two senior high schools permits student smoking this year. When construction work on an addition got underway at Lower Merion High, the smoking area had to be reclaimed for that project. Presumably, however, it would have been restored when the project was completed.

But Harrison continues to permit smoking in a specified outdoor area and will continue to do so, school officials indicated, at least until the February report.

The school board's renewed interest in student smoking was sparked by the recent federal report stating officially that smoking is a health hazard. The report was submitted 12 days after the Surgeon General of the U.S. by his Advisory Committee on Smoking and Health.

While doctors have indicated that the report told them nothing they didn't already know, it did add an official status to the cigarette smoker's woes.

School director Albert E. Bickell had that report in mind Monday night when he told his fellow board members, "I don't believe we should support smoking."

## SCHOOLING

Continued on Page Thirty-Four

## Schoolman Cuts



**HUNGRY FOR BUSINESS**—A saleswoman has to know her product, so girl scouts Linda Schwartz (left) of Troop 1172, Sally Daley (center) of Troop 332, and Page Burdick of Troop 717, all of Norborth, sample merchandise awaiting disposal during the annual Girl Scout Cookie Sale, which opens tomorrow. The sale will continue through Feb. 17. —(Bill Harris Staff Photo)

## Women To Probe Civil Rights Here

By a unanimous vote, more than 45 members of the Lower Merion League of Women Voters have agreed to investigate civil rights in the township as a major 1964 project.

The consensus at the group's membership meeting Monday was that the league should study and take action on this problem within its own community.

"This is more constructive than our telling other people the country is to cope with their problems," one member remarked.

Mrs. Martin J. Whitman

"Only three times before has the national organization suggested that we take direct action on a specific subject," explained Mrs. Whitman.

"There are many area groups engaged in civil rights problems now," she said, citing the local NAACP, the Fair Housing Council of Delaware Valley, Suburban Fair Housing in Ardmore, and American Friends' Service Committee.

The report was based on local housing surveys plus a Bryn Mawr graduate student's honors paper on "Discrimination

## Suspect Held In Suburban Sq. Bank Robbery

A Drexel Hill man is being held in Baltimore on a charge of robbing the Philadelphia National Bank branch in Ardmore Friday. A home robber escaped from the Suburban Square bank, at Montgomery Ave. and St. James Place, with \$1,700 in cash shortly before 4 p.m. that day.

Baltimore police arrested John Richard Toner Jr., 24, in a railroad yard.

PICTURE ON PAGE 2

## Rejection Of Plans For A Restaurant

A large — and vocal — number of Old Buck Inn enthusiasts forced the Haverford Township Board of Adjustment Tuesday night in a next-to-last-itch attempt to save the 234-year-old landmark from the wrecking crew.

Hot Shoppers, Inc., which purchased the inn for \$200,000, is seeking a zoning variance which would permit the corporation to build a restaurant on the site.

The board has 45 days in which to reach a decision about the zoning variance.

It is expected that, if the board okays the variance, the case will be appealed in court.

This week's hearing was a continuation of another a week ago which was devoted largely to the presentation of the Hot Shoppers' case.

More than 200 persons opposed to the destruction of the inn and to the construction of the restaurant were on hand this time to protest the zoning exception and to cheer on the 15 witnesses who were protesting.

## Opponents Are Heard

The four-hour session was devoted largely to hearing those who were opposed to the zoning change.

The board did, however, hear one witness for Hot Shoppers, Charles E. Peterson, a consultant in the restoration of Independence Mall, told board members he seriously doubted that William Penn's son, Thomas, had a part in building the inn.

As the crowd screamed "Traitor!" Peterson went on to say that historical studies "on this way are very sloppy."

Leslie Williams, an authority on traffic engineering and city planning, presented a 10-page report on the area at Lancaster and Martin Aves. where the inn is located.

He called traffic in the area a "serious hazard." The property, he said, was more suitable for an apartment or office classification.

Williams, when asked if another type of use such as a parking lot would not be the same hazard, said the hours of operation would be shorter than for a restaurant open seven days a week.

## uls Admit It

Continued in his brief talk, made a point of his familiarity with the law — with the legislature. He also emphasized his belief in solving problems at the local level without resorting to action.

In turn, told the club



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**CAST OF CHARACTERS—Art:**  
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ters at Kala-Cynwyd; Carl Fisse  
and Mrs. Mary Johnson of Penn W.

#### NAMED FELLOW

Dr. Theodore A. Trislan  
Kala-Cynwyd is among 40 rad  
logists to be made fellows of  
American College of Radiology

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**BEST IMAGE**

**MAINLINE TIMES**  
**FEB. 6, 1964**  
**p. 19**

## produced by RJE On Effects Of Smoking

A substantial increase in requests for films, filmstrips, printed material and exhibits pointing out the harmful effects of smoking on health has occurred in recent weeks, according to the Montgomery County Tuberculosis and Health Education Unit. The film, "Tobacco and the Lung," sums up the demand for factual information and materials to the public interest stimulated by the Public Health Service's report, "Smoking and Health," and its publication locally of a "Resource Unit for Teachers on Smoking and Health."

The following health materials as well as speakers, are available for schools, church groups.

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Printed material available to groups or to interested individuals includes the leaflets, "Don't Let Your Health Go Up In Smoke" and "Filter the Facts Before the Smoke"; a collection of articles on the smoking controversy; Facts about chronic bronchitis and emphysema—two diseases in which smoking is an important causative factor—are included.

Evidence that smokers risk earlier death than nonsmokers and are more apt to get lung cancer, coronary heart disease and chronic bronchitis, is effectively shown in the exhibits, "Filter the Facts Before the Smoke" and "Teenagers, Watch the Smoke Signals". The cost of smoking in money and health is told in another exhibit, "Those Butts Won't Hurt Anyone".

### Buten Museum Begins Conversation Course

A course entitled "Conversation" is being given under the sponsorship of Main Line School Nights each Tuesday evening at the Buten Museum of Wedgewood, 246 N. Bowman Ave., Merion. The course, which opened Tuesday night with a talk on c... lecting by Harry M. Buten will continue through April 7. Next week's talk by A. G. Gish will deal with archi...

Other prizes will be awarded by the art center will present the awards. Work must be delivered to the center on May 21 and 24. The exhibit will open on June 5 when prizes will be presented. Persons eligible for prizes are: professional artists, students, and amateurs. Entries will be limited to one per person. Non-members of the art center will be charged \$1.50 as an entry fee.

All types of art work will be accepted, including water colors, oil paintings, photographs, drawings and prints.

Further information may be obtained by writing the art center at Box 121, King of Prussia, or by calling Mr. Twin...

### Hospital Begins Volunteer Course

Applicants for an orientation course for new volunteers are being interviewed by Mrs. Doris B. Bertles, director of volunteer services at Haverford State Hospital, Haverford.

The personal interview is a requisite to the orientation course, which will be offered from 9 a.m. to noon on four successive Monday mornings.

Scheduled dates of the course are Monday, Feb. 10, Feb. 17, Feb. 24 and March 2. The first meeting will be held in Room 201 of the Administration Building. Other meetings will include tours of various areas of the hospital including the out-patient clinic.

New volunteers will hear addresses by Jack B. Kremens, MD., superintendent of Haverford State Hospital; Mrs. Bertles, Dr. Aaron Smith and Mrs. Grace Harrison, of the department of medical research; Dr. Thomas W. Phillips Jr., assistant superintendent; Mrs. Eleanor S. Greve, head of the department of social service; Dr. Bernard Cohen, head of the department of psychology.

Also, Fred E. Othmer, coordinator of activities, Dr. Eliza... both B. Faust, chief of extended... assistant director of nursing, and Albert Miller Jr., head of maintenance. A panel of volunteers will discuss "Our Work..."

**SING ALONG WITH MICHLING**... And everyone did as the girl scouts of Gladwyne entertained their dads at a father-daughter banquet last night at the Harrison High School cafeteria, Rosemont. "Michling Miller," one of the several comic features of the two-hour entertainment, was actually Dolly Lambdin, Gladwyne Troop 1129, daughter of Mr. and Mrs. Charles Lambdin.

## Talk On Human Relations Set By Fair Housing Unit

State fair-housing legislation fellowship; Cohran membership; and Mrs. Martin Stevens, public housing committee of Radnor. Township holds an open meeting at the Memorial Library, Wayne at 8 p.m. Wednesday.

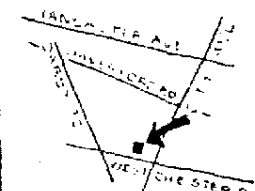
Francis P. Bonner, field representative of the Pennsylvania Human Relations Commission, will speak on "The Pennsylvania Fair Housing Law at Work."

Luther H. Smith Jr. of Villanova will preside. The agenda will include a special report from members who attended last week's meeting of the Fair Housing Workshop of Springfield plus reports from permanent subcommittee and the fellowship group.

Also on the agenda will be a discussion of the work being done in Villanova's community activity survey in which the Fair Housing Committee is interested.

The Fair Housing Committee of Radnor Township was formed last fall by residents within the township who felt a need for leadership in community relations. The committee feels that all responsible citizens must face the challenge of the problems of interracial housing. It has adopted the following...

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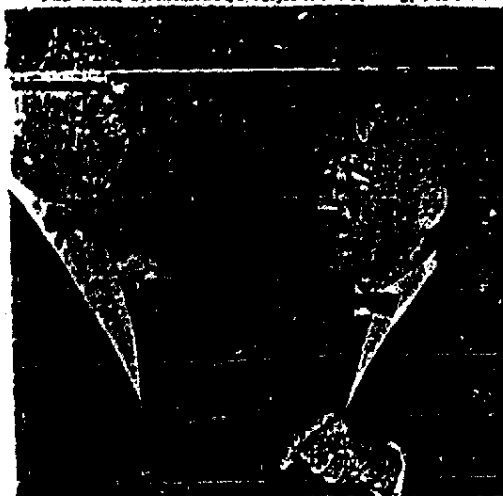


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**WINNING** the 1968 Award of the Philadelphia Section American Chemical Society is Dr. B. Peter Hock, 629 Park Ridge Dr., Wayne, a group leader in the research and development department of Pennsalt Chemicals Co. Dr. Daniel Swern, chairman of the Philadelphia Section, presents the certificate and a \$300 honorarium to Dr. Hock for "his research on the synthesis of inorganic compounds by polymerization of inorganic coordination com-

## Official Careful Of Wood

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kill the tree.

## Fire Hits Basement In Newtown Square

A basement fire broke out  
early yesterday at the B. L.  
Winders home, 208/Barren  
Rd., Newtown Square, Radnor  
Township, and caused smoke  
damage throughout the house.

The Newtown Square and  
Broomall fire companies  
answered the call at 8:58 a.m.  
and remained for about two  
hours; the firemen reportedly  
found two dead cats in the  
basement's recreation room.

Radnor Fire Marshal Edwin  
Clark said yesterday that the  
fire could have been electrical  
in nature but is still officially  
of an undetermined origin. No  
estimate of damage was given.

# Withheld by Rate for Smokers

...launching a program titled  
S.O.S. (Stamp Out Smoking)  
aimed at hardened smokers  
who want to quit but can't.

The program will get under-  
way with a six-session with-  
drawal clinic for members  
of the community who need  
help in kicking the tobacco  
habit.

The clinic will be held at  
Lankenau Auditorium, 100  
Chestnut Ave., West of 30th  
St., beginning on Thursday,  
Jan. 27, and continue nightly  
through Friday, with a windup  
session on Monday, Feb. 2.

Hours will be from 7:30 to  
9:30 p.m.

Each session will be led by  
a doctor. Dr. Wayne Mc-  
Farland, of Jefferson Hospi-  
tal, will conduct the opening  
session. Subsequent speakers  
will include representatives  
from cardiology, cancer re-  
lated diseases, chest diseases  
and a dentist. Films will be  
shown at each session.

Registration is limited to  
300; the fee for the six ses-  
sions is \$10. Persons wishing  
to register may call Lan-  
kenau's Health Education De-  
partment, MI 9-1400 (ext. 213  
or 509).

Lankenau's S.O.S. program  
is an extension of anti-  
smoking programs for school  
children conducted for a num-  
ber of years by the hospital's  
Health Education Department.

"Trying to convince chil-  
dren they should not smoke  
when they see their parents  
puffing like chimneys is up-  
hill work," says Morris Bar-

**RESIDENT LISTED**  
Harold Foster Holman, of 1613  
Brookhaven Rd., Wynnewood, has  
been chosen to appear in the 1969  
edition of "Community Leaders  
of America."

rett, director of health educa-  
tion. "Children learn more  
by what they see than by what  
you tell them."

Dr. Walter M. Bortz, chair-  
man of Lankenau's Health  
Education Committee, agrees.  
"I tell my parents, 'If you  
can't stop for yourself, stop  
for your children,'" he says.

...not a waste of  
...children will  
...stop for their  
...their

...if the present rate  
of smoking continues, ac-  
cording to Dr. Bortz.

Lankenau Hospital admits  
around 50 new cases of lung  
cancer a year; less than five  
percent survives five years.

Usually the patients are  
middle-aged men at the peak  
of their earning power, Dr.  
Bortz points out. "Lung  
cancer is not only a waste  
of life but an economic waste

as well. And it is essentially  
preventable." He claims that  
one-third of the people who  
try to give up smoking suc-  
ceed.

Other features of Lan-  
kenau's S.O.S. program in-  
clude a counseling service  
for hospital in-patients and  
a request to employees, staff  
members and visitors to re-  
frain from smoking except in  
designated areas.

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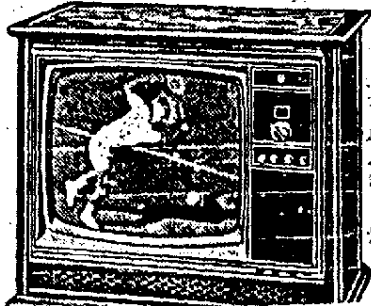
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## II Help Institute

"Until then, he said, St. Joseph's will 'feed it people and ideas to sustain it.'"

The St. Joseph's Academy of Food Marketing, the only institution of its kind in the U.S., was established in 1961 with the cooperation of the country's food industry, to find ways of dealing with the problem of world hunger.

## Social Sciences Program in LM To Be Outlined

Adoption of the Greater Merion Social Science Program by the Lower Merion Township elementary schools, an important introduction to the curriculum affecting ALL elementary grades, was discussed at the first Parents' Association meeting for 1969 at the Penn Wynne School Tuesday at 8 p.m.

Mrs. Theodore Wilbur, District Coordinator of Instruction, will be joined by Miss Kay McFarland, a social science teacher from another elementary school in the district, in discussing the program.

According to Mrs. George Goldstone, program chairman, both speakers bring authority and commitment to their subject as they have been "directly involved" in development, testing, and evaluation.

It is expected that Mrs. Wilbur and Miss McFarland will outline the educational philosophy of the program as well as its major contents and experiences will "thus make the program more meaningful." The meeting is to begin with refreshments. Or display



ROY NASSAU, recently appointed "co-director" of the newly established Community Service Group for the WFIL Stations, will be the guest speaker at the Ardmore Optimist Club's luncheon Tuesday at Viking Inn, Ardmore. He will speak on "Community Service: Responsibilities of a Broadcast Station." Nassau will be accompanied by Ron Gold, television reporter.

## LM Gets 2 Petitions For Zoning Changes

Lower Merion Commissioners have received petitions from property owners on both sides of Elliott Ave., between Lancaster Ave. and Old Lancaster Rd., Bryn Mawr, for a change of zoning from R-6A to C-1 (limited commercial).

Stanley Goodman, owner of property on the east side of Booth Lane, north of Montgomery Ave., Haverford, is seeking a change of zoning from R-2 to R-7.

## CLEANUP IN LM

Sweepers removed 855 tons of debris from 122 miles of roadway in Lower Merion Township last month. Work on a storm sewer at Winding Way and Montgomery Ave., Merion, was completed. A

## S.O.S. Plan Helped This Smoker To Quit

Dr. McFarland says that the S.O.S. Plan helped a smoker quit. The man was a heavy smoker, smoking two packs of cigarettes a day for nearly 20 years. Now I'm down to two cups of coffee a day. Like Mark Twain, I've stopped smoking a thousand times but it usually lasted only one or two days. Believing that will power was just a little bit weaker than the next person's, I gave up trying to stop the smoking habit myself. Other people have quit by trying the Five Day Plan (Call St. S. Stamp Out Smoking).

The Five Day Plan to stop smoking consists of five meetings in the evenings from 7:30 to 9:30 plus a follow-up meeting on Monday of the next week. A new session will be held at Lankenau Hospital beginning on Jan. 27. Dr. J. Wayne McFarland, who started the plan eight years ago, and Horace Reading will conduct the course.

The plan is designed to help a person mentally and physically to break the smoking habit with a minimum amount of discomfort. Having the desire to quit smoking is half the battle, and McFarland and Reading make the other half of the battle--getting over the craving to smoke--much easier.

Through the use of films and literature, Dr. McFarland offers convincing evidence that the chances of getting lung cancer, emphysema, bronchitis and heart disease are much greater among smokers than among non-smokers. This, however, is only a small part of the Five Day Plan; the remainder is based on positive thinking.

"I choose not to smoke," you'll be saying with the others taking the course.

In some respects, the plan is similar to the principles of Alcoholics Anonymous. Everyone is assigned a partner to contact by phone every

evening session. People are exposed to the temptations to smoke and their nicotine withdrawal symptoms, which usually include shortness of breath, weakness, headaches and a craving for food.

These discomforts last about three days and are replaced by a sense of well-being and a feeling of accomplishment because the person is feeling the capability of his ship to stop smoking completely the first day. About half of them never smoke again.

While you are taking the course, a special diet is prescribed that greatly reduces the craving for tobacco. For the first day, only fruit and fruit juices are recommended and poached eggs and salads if additional food is needed. Greasy foods, spices, rich meats, alcohol, beer, cigarettes, coffee, tea and cola drinks must be avoided at first because they stimulate the urge to smoke.

Drinking plenty of water and fruit juices, deep breathing, short walks after meals, and warm baths or showers, are a great help in kicking the nicotine addiction. And it is an addiction not just a habit. This is not as difficult as you might think, because it is done with a purpose in mind--to be free from the bondage of smoking.

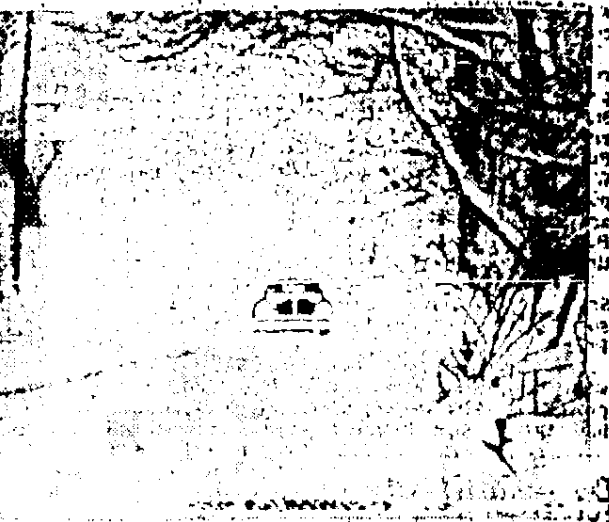
During the day you will look forward to the evening group therapy sessions. They are held in an atmosphere that is congenial and friendly. People working together to solve a common problem is conducive to good fellowship.

Food will taste better, relaxation will be easier, and you'll no longer have a smoker's hack, especially in the morning, will disappear if you stop smoking.

You can stop smoking on your own, but it is easier

## Studies Abroad Ahead For Two

David L. Emerson of 405 Meadow Ln., Merion Station, will leave for London College, England, on Jan. 28 from New York's Kennedy Airport for 18 weeks of study. Emerson is a student at the University of Pennsylvania. Walter attends Duke University.



## Pick the right day to test drive a Volkswagen and you'll have the road to yourself.

Back when the weather was better, everybody was inviting you to come in and test drive their new whatever.

But now that the weather isn't so hot and a test drive is really a test, the invitations have dropped off sharply. Now maybe you can spare a little time to try out the new Volkswagen.

Not right this minute. Wait for a nice lousy day. The next time it's snowing or slushing or something like that, drive down to your Volkswagen dealer. (If you can make it in your car.)

He'll be happy to take you out and show you how a Volkswagen works when hardly anything else does.

How the weight of the motor on the rear wheels makes the VW dig in and go, in the snow or the mud, or even on ice.

As you pass all the stranded cars that pass for test drives in balmy days, he'll tell you about the other cold-weather comforts.

The air-cooled motor. It doesn't freeze over, so it

BEST IMAGE

## Medical Study Started in 30s

Here are some highlights  
since then:

causes of the lung cancer surgery.  
1951—Dr. Hammond and Dr. Mel Horn signed 1st. Doc was for the first massive structural emphysema and smoking and lung cancer.

1933-Drs. Erwin Graham (who later died of lung cancer) and Ernest Wyder reported they had caused skin cancer in mice by applying cigarette smoke condensate.

LEGAL TOBACCO COMPANIES JOIN TO create the Tobacco Industry Research Committee. Its purpose: evidence linking tobacco and disease is only statistical. Smoking has not been proved to cause cancer or heart disease.

which issued a warning statement on smoking it was followed by The Netherlands Ministry of Social Affairs in 1967. The Spanish Medical Research Council in 1968 and several other European bodies since.

line of the Cancer Society, American Heart Association and National Cancer and Heart Institute declared it established "beyond a reasonable doubt" that cigarettes help cause lung cancer and are an "important health hazard."

and Home reported these results. Their four-year survey is powerful statistical link between cigars and disease, especially lung cancer.

and Leroy F. Burnett issued a statement that "there is an increasing and constant body of effect that excessive nitrogen loading is one of the causative

1950-The American Public Health Association, led by Dr. C. Everett Koop, M.D., and the Tobacco Industry, led by Dr. J. R. Brown, M.D., fought a bitter battle for control of the American public health system.

Dr. Murray, in the journal of the American Medical Association, revealed his earlier statement to only "mild" nerve pain.

STREET LIGHTS  
1900 - Cigarettes, condoms, soap,  
prohibited items and drug ad-  
vertising signs are prohibited.  
[illegible]

would appoint a liaison committee of impartial experts to review all evidence on smoking and health. The group was ap-

[illegible]

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<http://legacy.library.ucsf.edu/tid/zrq07a00/pdf> <https://www.industrydocuments.ucsf.edu/docs/qtql0001>

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G BULLETIN

PHILADELPHI

MAR 1 1955 F.

## 42 of 4,702 Smokers Studied In Project Have Lung Cancer

By PIERRE C. FRALEY  
Of The Bulletin Staff

A pioneer research project, at the end of three years of study, is still turning up information showing that lung cancer and cigarettes somehow go hand in hand.

Dr. Thomas Neelson, Jr., of Jefferson Medical College, reported last night to the section on general medicine of the College of Physicians that lung cancer has been

found in 42 of the 4,702 men who enrolled in the project during the first three years.

All of the 42 are smokers. No non-smokers so far have been found to have lung cancer.

Radio Like General Public

Dr. Neelson pointed out the ratio of smokers to non-smokers in the project is almost identical with that found in the general population. Out of 100 persons, 85 smoke and 15 don't.

In the project 4,050 are smokers and 652 non-smokers.

A further breakdown of the figures shows that 31 of those who were proved to have lung cancer smoke cigarettes only, two smoke cigars and two pipes. The remainder smoked combinations of the three. Only one man said he smoked all three regularly.

The highest per cent of lung cancer victims were among the cigarette smokers. The 31 cases represent 1.2 per cent of all the cigarette smokers.

The two pipe smokers with lung cancer represented 0.8 of all the pipe smokers, while the two cigar smokers who were lung cancer victims represented 0.4 of all cigar smokers.

Highest in Heavy Smokers

The statistics also indicate that there is a direct relationship between the amount of smoking and the incidence of lung cancer.

Of the victims who fell into the cigarette-only category, the occasional smokers had an incidence rate of 0.5, the moderate smoker, 1.2 and the heavy smoker, 1.6 per cent.

Dr. Neelson reported that the disease pattern of lung cancer seems to differ from that of tuberculosis in at least one major way. In T. B. the X-ray plate often can pick up the disease before the symptoms become noticeable.

Four Major Symptoms

In lung cancer the reverse apparently is true. The symptoms are a better indication of the onset of the disease than are the shadows on the X-ray plate.

The four major symptoms of lung cancer, he said, are a cough which becomes continually worse, the spitting of blood, a wheezing sound in one lung and a substantial loss of weight.

The project was set up by the Philadelphia Pulmonary Neoplasia Research Group in December, 1951. It was started by Dr. Katharine R. Boucot, professor of preventive medicine at the Woman's Medical College, Dr. David A. Cooper, professor of clinical medicine at the Graduate School of Medicine, and Dr. Neelson. It is scheduled to continue for ten years.

JUN 6 - 1955 P4  
**Lung Cancer Called Big Killer  
Of 2-Pack-a-Day Smokers**

By PIERRE C. FRALLET  
Of The Bulletin Staff

Atlantic City, June 6 — The American Cancer Society's long-range study of 100,000 men between the ages of 50 and 70 continues to indicate that lung cancer and cigarette smoking go hand-in-hand.

Dr. E. C. Hammon, director, and Dr. Daniel Horn, assistant director of statistical research, reported today at the 104th annual meeting of the American Medical Association on the 33-month follow-up of the smoking habits and later men in this age group.

The report is an extension of

the one at the AMA convention last year dealing with overall death rates that caused tobacco stocks to plummet a total of \$77,000,000 in a few days.

**Rare Among Non-Smokers**

Today's report, concentrating mainly on the most widespread type of lung cancer, carcinoma, came to these conclusions:

Although carcinoma of the lung is a "rare disease among men who have never smoked," it is "an important cause of death among men smoking two or more packs of cigarettes a day."

There were 4,430 men who smoked two packs or more in the

*Continued on Last Page, Col. 5*

survey. Carcinoma of the lung accounted for 12 per cent of all deaths in this group and was second only to coronary artery disease as a killer.

The death rate from carcinoma of the lung increases with the amount of cigarette smoking.

Lung cancer also appears to be associated with pipe smoking but to a far lesser degree than with cigarette smoking. There seems to be no significant link between cigar smoking and lung cancer.

The rate of lung cancer was high in cigarette smokers and low in non-smokers regardless of whether they lived in a city or in the country. However, smoking habits were not able to account for all of the higher death rate from lung cancer in urban areas as compared with rural areas.

During the 32 months of the survey there were 132 deaths from carcinoma of the lung among the 100,000 men who said they smoked regularly. This is a ratio of 145 out of every 100,000. This compares with a death rate of 4.9 per 100,000 in non-smokers.

**29 Times as High**  
"In this group the rate for men with a history of regular cigarette smoking was about 29 times as high as the rate for men who never smoked," the doctors reported.

"The rate for two-pack-a-day or more cigarette smokers is over 30 times as high as the rate for men who have never smoked," the report went on. "The rate for men who have given up cigarette smoking is 14 times as high as the rate for men who have never smoked but only half as high as for men who were smoking less than a pack of cigarettes a day at the time of questioning."

In another type of survey conducted by the American Cancer Society, a majority of chest surgeons, cancer researchers and pathologists who were questioned said they believed heavy cigarette smoking may lead to lung cancer.

**65,000 at Parley**  
Sixty-three per cent of the chest surgeons, 54 per cent of the researchers and half of the pathologists checked "yes" to the statement that heavy smoking of cigarettes may lead to lung cancer.

The "no's" ranged from four to seven per cent. The remainder were uncertain.

Some 13,000 doctors and 12,000 guests are scheduled to attend the week-long series of meetings.

# produced by RJRTC in HUMPHREY

## July 12, 1957 Public Health Service Sees Cigarettes Causing Cancer

Washington, July 12.—(AP)—

Surgeon General Leroy E. Burney said today "there is an increasing body of evidence that excessive cigarette smoking is one of the causative factors in lung cancer."

But Burney added, "it is clear that heavy and prolonged cigarette smoking is not the only cause of lung cancer." He said the Public Health Service favors more research into the problem, and added:

"The precise nature of the factors in heavy and prolonged cigarette smoking which can cause lung cancer is not known."

The statement marked the first Public Health Service pronouncement on the subject since 1954 when it took note of evidence of a statistical association between cigarette smoking and lung cancer.

### Cites Previous Studies

Burney gave no new proof, but cited results of previous studies, especially one by a special study group made public last March.

Burney's statement brought an immediate reply from Dr. Clarence Cook Little, chairman of the scientific advisory board of the Tobacco Industry Research Committee.

Little said in New York that Burney's statement "adds nothing new to what has been known about the cause of lung cancer. It reflects the opinions of some statisticians and the relatively few experimental scientists who have actively charged that cigarette smoking is a cause of lung cancer."

### His Interpretation

Burney said: "While there are naturally differences of opinion in interpreting the data on lung cancer and cigarette smoking, the Pub-

lic Health Service feels the weight of the evidence is increasingly pointing in one direction; that excessive smoking is one of the causative factors in lung cancer."

The special study group quoted by Burney was established in June, 1954, by order of the Public Health Service in cooperation with the private health organizations—the American Cancer Society and the American Heart Association. The group was headed by Dr. J. H. Strong of the University of Wisconsin Medical School.

"The study group," Burney said, "reported that lung cancer occurs much more frequently among cigarette smokers than among non-smokers, and there is a direct relationship between the incidence of lung cancer and the amount smoked."

Burney said he was issuing this statement because of Health Service concern "with broad factors which substantially affect the health of the American people."

### Tells of Grants

Dr. Little said the tobacco industry already has provided \$2,500,000 for grants to independent scientists working in the field of cancer and other challenges of human health, and added:

"The research, thus far, has produced no evidence that cigarette smoking or other tobacco use contributes to the origin of lung cancer."

Little added that statisticians have failed to consider adequately many variables in human behavior, such as biological susceptibility to cancer, the effects of previous lung disease, hormonal influences, and many other factors.

JUL 22 1957 E

## THE GALLUP POLL

## Cigarettes Linked to Cancer? Public Now Thinks So

BY GEORGE GALLUP

Director, American Institute  
of Public Opinion

Princeton, N. J. — The controversial report on the incidence of lung cancer among cigarette smokers has been widely followed by the American public — but whether a person is disposed to believe the findings depends on what deal on his smoking habits, a nationwide survey by the American Institute of Public Opinion finds.

More than three out of every four adults questioned, or 77 per cent, said they had heard or read about the report, a phenomenal figure in polling annals. Among cigarette smokers only 62 per cent said they were familiar with the report.

And while the public generally is inclined to believe that cigarette smoking is one of the causes of lung cancer, persons addicted to the habit are almost evenly divided on whether it is or is not one of the causes.

## Non-Smokers Polled

Among those adults who do not smoke at all, nearly six out of every ten (59 per cent) think cigarette smoking is linked to lung cancer.

The paper, "Smoking in Relation to Lung Cancer," was read at the annual meeting of the American Medical Association recently held in New York by Dr. E. Cuyler Hammond and Dr. Daniel Horn, of the American Cancer Society.

The study found an "extremely high association between cigarette smoking and deaths from cancer of the lung, larynx, and esophagus and from gastric ulcers. It also raised the question of a link with heart disease.

The Public Health Service has taken the official position that there was "increasing and consistent evidence" that "excessive cigarette smoking is one of the causative factors of lung cancer" and has begun a nationwide informational campaign on the subject.

## Statements Challenged

These statements have been challenged by the Scientific Ad-



DR. E. CUYLER HAMMOND testifying before the House Government Operations Committee investigating filtered cigarettes. He is co-author of the American Cancer Society's study on smoking. Note his own pipe in ash tray (foreground).

visory Board to the Tobacco Industry Research Committee.

In the survey, interviewers for the American Institute of Public Opinion first asked a cross-section of adults:

"Did you happen to hear or read about the recent report of the American Cancer Society reporting the results of a study on the effects of cigarette smoking?"

The replies of the general public, by men and women and

by cigarette smokers separately:

HEARD OR READ ABOUT  
CIGARETTE-CANCER  
REPORT?

	Yes	No
General public ...	77%	23%
Men .....	79	21
Women .....	74	26
Cigarette smokers only .....	62	38

By way of comparison, an August, 1953, Institute survey

found 42 per cent had heard or read about the late Dr. Alfred C. Kinsey's famous studies on sex.

Interviewers were next asked:

"What is your opinion—do you think cigarette smoking is one of the causes of cancer of the lung?"

Here are the views of the general public today:

CIGARETTE SMOKING ONE  
CAUSE OF LUNG CANCER?

(General Public)

Yes, is cause .....	80%
No, is not .....	24
Undecided, don't know ..	26

The views of cigarette smokers only:

Yes, is cause .....	62%
No, is not .....	38
Undecided, don't know ..	26

The views of persons who do not smoke at all:

Yes, is cause .....	59%
No, is not .....	41
Undecided, don't know ..	27

How do men in the critical age group, from 50 to 70 years, who smoke cigarettes, and those who do not, feel today about the possible connection of smoking and lung cancer?

Here are the survey results:

MEN CIGARETTE SMOKERS  
AGE 50-70 YEARS

Yes, is cause .....	87%
No, is not .....	64
Undecided, don't know ..	24

MEN NON-SMOKERS  
AGE 50-70 YEARS

Yes, is cause .....	81%
No, is not .....	18
Undecided, don't know ..	34

Senator Wallace F. Bennett (R-Utah) last week introduced a bill to require that each package of cigarettes carry a warning that prolonged use could cause cancer.

The effects of the initiation of public health measures could, of course, be far reaching. They would involve a major industry in a considerable number of states that employ hundreds of thousands of people and also would involve large revenues to the government and investments of many citizens.

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# produced by RJRTC in HUMPHREY

## 3 Packs a Day A Venial Sin, Priest Holds

FOUR AND A HALF CIGARETTES A DAY, Oct. 5 (U.P.)—Cigarette smokers who use more than three packs a day are "guilty of 'at least a venial sin,'" according to an authority on Roman Catholic theology.

The Rev. Francis J. Connell, dean of the School of Sacred Theology at Catholic University of America in Washington, made the charge in the current issue of "Ave Maria" magazine published here.

In an article titled "Is It a Sin to Smoke Cigarettes?" Father Connell said: "Moderate smoking can ordinarily be justified even for no other reason than the relaxation or relief some find in it." He defined a moderate smoker as one who "smokes himself with one pack a day" and "perhaps a few more."

The three-pack-a-day smoker is "at least guilty of a venial sin for really endangering his physical well being," Father Connell said.

A venial sin, according to Roman Catholic theology, is a slight offense against divine law or a major offense committed without willfulness or serious intention.



Pitt Press FEBRUARY 7, 1952 P.7

# Smoking Cause Lung Cancer? Survey Here to Find Answer

## 1000 Volunteers to Join Thousands In U. S. In Checking Smokers, Non-Smokers

More than 1000 Allegheny County men and women will take part in a survey by the American Cancer Society to learn if smoking habits have any relation to lung cancer.

The survey, to be made by volunteers, is prompted by the sharp increase in lung cancer diagnosis only about four per cent of the patients are being cured. Dr. Robert C. Grauer, president of the Allegheny County Cancer Society, says that "lung cancer deaths have increased six fold since 1933. There is no comparable increase in other body sites of the disease."

Both smokers and non-smokers between the ages of 50 and 70 will be included in the check. The disease is very rare at earlier ages and four times as common in men as in women.

The ideal volunteers are 500,000 who will work nationally will interview about 10 persons and fill out a questionnaire on their smoking habits. It will be limited to male relatives, neighbors or close friends. At the end of each six-month period the volunteer researchers will report the names of those persons who no longer are living. A medical committee will investigate the cause of death.

The society's objective is to discover whether smoking is contributory to the disease by analyzing the loss of lung cancer deaths among smokers and non-smokers. Dr. Grauer also advised all persons over 50 to get a chest X-ray each year. "X-ray can detect the presence of lung cancer many months before the warning symptoms appear," he said.

Symptoms of Cancer

Some of the symptoms are persistent cough, loss of weight, chest pain, wheezing and spitting of blood.

The number of lung cancer cases being diagnosed in the United States each year is now about 20,000. Because of late

## Ship Arrivals And Departures

by THE UNITED PRESS

Ship movements scheduled for today:

ARRIVING NEW YORK—Cape May, N.J., from Philadelphia, Pa., 10:30 a.m.; Cape May, N.J., from Philadelphia, Pa., 10:30 a.m.; Cape May, N.J., from Philadelphia, Pa., 10:30 a.m.

DEPARTING NEW YORK—Cape May, N.J., to Philadelphia, Pa., 10:30 a.m.; Cape May, N.J., to Philadelphia, Pa., 10:30 a.m.; Cape May, N.J., to Philadelphia, Pa., 10:30 a.m.

ARRIVING SAN FRANCISCO—Cape May, N.J., from Philadelphia, Pa., 10:30 a.m.; Cape May, N.J., from Philadelphia, Pa., 10:30 a.m.; Cape May, N.J., from Philadelphia, Pa., 10:30 a.m.

DEPARTING SAN FRANCISCO—Cape May, N.J., to Philadelphia, Pa., 10:30 a.m.; Cape May, N.J., to Philadelphia, Pa., 10:30 a.m.; Cape May, N.J., to Philadelphia, Pa., 10:30 a.m.

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# ARDMORE TIMES

Produced by ART

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35c MONTHLY  
(BY CARRIER)

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PER COPY

ARDMORE, PA., THURSDAY, JANUARY 23, 1964

\$5.00 per year (Montgomery Co.)—\$6.00 per year (outside County)  
\$4.20 per year delivered by carrier

## Radnor To Hold 1964 Tax Rate At Same Level

Proposed Budget  
Gives Employees  
4% Wage Boost

Radnor Township's tax rate will be unchanged in 1964.

The township's Board of Commissioners last Thursday unveiled a \$1,302,000 budget for the year and gave it preliminary approval. It will receive a final vote after being displayed for a week in the township building and given a public "reading."

The real estate tax rate stays at 21 mills as in 1963. According to Board President Rocco A. DiStasio, the township entered the new year with surplus of \$100,000.

"With this surplus," he said, "we are granting township employees an overall increase of four percent in their salaries and wages, with one or two adjustments in certain categories." Some of the township's employees themselves will get a raise.

The four percent figure equals the increase given by neighboring Lower Merion to its employees in the newly adopted budget.

Why No Tax Drop?  
DiStasio said he expected that some might wonder why taxes remained the same if there is a surplus. He pointed out that the first rental of the new township building was under construction.

## Legalized Student Smoking May End in Lower Merion

Hazards Prompt  
School Directors  
To Consider Ban

Once, high school students in the Lower Merion system caught smoking in school could count on a three-day suspension.

But that was before more liberal attitudes took hold, and Lower Merion High School designated an outdoor area where pupils could smoke with impunity. When Harrison High School opened five years ago, a similar "smoking center" was designated there.

Now, the day of the legalized tobacco smoker may be on the way out. The Lower Merion school board Monday night ordered the school administration to study the smoking situation of the township with an eye toward eliminating all authorized smoking in the high schools. Supt. of Schools Philip U. Koopman is expected to report back to the board at his Feb. 17 meeting.

Only at Harrison Now  
Only one of the two senior high schools permits student smoking this year. When construction work on an addition got underway at Lower Merion High, the smoking area had to be reclaimed for that project. Presumably, however, it would have been restored when the



## 200 Turn Out For 2d Defense Of Old Buck Inn

19 Witnesses Urge  
Rejection Of Plans  
For A Restaurant

A large — and vocal — number of Old Buck Inn enthusiasts faced the Havertown Township Board of Adjustment Tuesday night in a next-to-last ditch attempt to save the 234-year-old landmark from the wrecking crews.

Ilse Shoppes, Inc., which purchased the inn for \$200,000, is seeking a zoning variance which would permit the corporation to build a restaurant on the site. The board has 45 days in which to reach a decision about the zoning variance.

It is expected that, if the board okayes the variance, the case will be appealed in court.

This week's hearing was a continuation of another a week ago which was devoted largely to the presentation of the Ilse Shoppes' case.

More than 200 persons opposed to the destruction of the inn and to the construction of the restaurant were on hand this time to protest the zoning exception and to cheer on the 19 witnesses who were protesting.

Opponents of the plan urged the board to reject the variance. The four-hour session was devoted largely to hearing those who were opposed to the zoning

## 4% Wage Boost

Harrison Township's tax rate will be unchanged in 1961.

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"With this surplus," he said, "we are granting township employees an overall increase of four percent in their salaries and wages, with one or two adjustments in certain salaries for people in the professional category." Some of the commissioners themselves will get a raise.

The four percent figure equals the increase given by neighboring Lower Merion to its employees in the newly adopted budget.

**Why No Tax Drop?** Harrison said he expected that some might wonder why taxes raised by 10 percent if there is a surplus in explanation he pointed out that (1) the first rental payment on the new township building, now under construction, is due. (2) the salary increase must be accommodated; (3) a full-time park and recreation grounds supervisor is being hired, and (4) \$2000 more is being appropriated to the Radnor Fire Co. than in 1960, and "a little more" to the Bryn Mawr school.

The surplus compares with a carryover figure of only \$26,111 a year ago. Breaking down the surplus funds, Odorisio said \$12,000 is for the new building.

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**BUDGET**

Continued on Page Thirty-Four

## School Directors To Consider Ban

Once, high school students in the Lower Merion system caught smoking in school could count on a three-day suspension.

Now, the day of the legalized schoolboy smoker may be on the way out. The Lower Merion school board Monday night ordered the school administration to study the smoking situation with an eye toward eliminating the professional category. Some of the commissioners themselves will get a raise.

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**BUDGET**

Continued on Page Thirty-Four



**HUNGRY FOR BUSINESS**—A saleswoman has to know her product, so girl scouts Linda Schwartz (left) of Troop 1172, Sally Doley (center) of Troop 232, and Page Burdick of Troop 717, all of Norbert, sample merchandise awaiting disposal during the annual Girl Scout Cookie Sale, which opens tomorrow. The sale will continue through Feb. 17. —(Bill Harris Staff Photo)

## Women To Probe Civil Rights Here

By a unanimous vote, more than 45 members of the Lower Merion League of Women Voters have agreed to investigate civil rights in the township as a major 1961 project.

The consensus at the group's membership meeting Monday was that the league should study and take action on this problem within its own community.

"This is more constructive than our telling other are the country to cope with their problems," one member remarked.

Mrs. Martin J. Whitman, chair of the committee, said that the national organization suggested that we take direct action on a specific subject, explained Mrs. Whitman.

"There are many area groups engaged in civil rights problems now," she said, citing the local NAACP, the Fair Housing Council of Delaware Valley, Suburban Fair Housing in Ardmore, and American Friends Service Committee.

## Suspect Held In Suburban Sq. Bank Robbery

A Drexel Hill man is being held in Baltimore on a charge of robbing the Philadelphia National Bank branch in Ardmore Friday. A lone robber escaped from the Suburban Square bank at Montgomery Ave. and St. James Place, with \$1,700 in cash shortly before 1 p.m. that day.

Baltimore police arrested John Richard Toner Jr., 24, in a railroad yard.

The report was based on local housing surveys plus a Bryn Mawr graduate student's honors paper on "Discrimination

## Rejection Of Plans For A Restaurant

A large — and vocal — number of Old Buck Inn enthusiasts faced the Haverford Township Board of Adjustment Tuesday night in a next-to-last-ditch attempt to save the 234-year-old landmark from the wrecking crew.

Hot Shoppes, Inc., which purchased the inn for \$200,000, is seeking a zoning variance which would permit the corporation to build a restaurant on the site. The board has 45 days in which to reach a decision about the zoning variance.

It is expected that, if the board okays the variance, the case will be appealed in court.

This week's hearing was a continuation of another a week ago which was devoted largely to the presentation of the Hot Shoppes' case.

More than 200 persons opposed to the destruction of the inn and to the construction of the restaurant were on hand this time to protest the zoning exception and to cheer on the 19 witnesses who were protesting.

### Opponents Are Heard

The four-hour session was devoted largely to hearing those who were opposed to the zoning change.

The board did, however, hear one witness for Hot Shoppes. Charles E. Peterson, a consultant in the restoration of Independence Mall, told board members he seriously doubted that William Penn's son, Thomas, had a part in building the inn.

As the crowd screamed "Traitor!" Peterson went on to say that historical studies "out this way are very sloppy."

Leslie Williams, an authority on traffic engineering and city planning, presented a 10-page report on the area at Lancaster and Martin Aves. where the inn is located.

He called traffic in the area a "serious hazard." The property, he said, was more suitable for an apartment or office classification.

Williams, when asked if another type of use such as a parking lot would not be the same hazard, said the hours of operation was shorter than for a restaurant. open seven days a week.

PICTURE ON PAGE 2

## Uls Admit It

Uls Admit It

Uls Admit It

## Schoolman Cuts

Continued on Page Thirty-Four



...the first half and then coasted  
...a 12-8 victory over Valley  
...the Military Academy's mallet  
...in an indoor match on Sun-  
...at Wayne.  
...was the third act in four  
...age for the Golden Age. He has  
...had a losing season in  
...a years of the  
...ay.

**ON TV SHOW**  
Dr. Morton Grosser, formerly of 327 Greystone Rd., Merion was a featured guest on the CBS television program "One of a Kind," on Sunday. Dr. Grosser is currently in residence at California's Stanford University on a writing fellowship. He recently won the Stegner Award for his book, "The Discovery of Neptune."

In the end the board debated whether to take strong action immediately or look into the matter further. When the members saw potentially bad effects in any attempt to outlaw smoking too quickly, they chose the slower course—despite a warning from E. A. Wallther that the problem was too serious to postpone action.

**PHIRE**

Y Bala-Cynwyd met Welsh Valley at home and won the game by a score of 46-36. Welsh Valley played their best game of the season though. At one time the score was 37 to 35 in favor of Bala-Cynwyd. The high scorer of the game was Graham of Bala-Cynwyd with 18 points. High scorer for Welsh Valley was Dave Barnthorpe with 16 points.

Welsh Valley J.V.'s beat Bala-Cynwyd 42 to 27, their record 1-1 to 0.

the pleasure of your company on a twenty-  
 ee-day World Tour commencing Friday.

Capri 2 Dr. Hardtop, Auto. Tr  
Steering, Power Brakes, Rm  
and Whitewall Tires. Very Go  
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**CAST OF CHARACTERS—Art:**  
players appearing in "The Best  
tomorrow and Saturday at the A  
fers of Rala-Cynwyd; Carl Fisse  
and Mrs. Mary Johnson of Penn W.

#### NAMED FELLOW

Dr. Theodore A. Tristano of  
Rala-Cynwyd is among 40 radi-  
logists to be made fellows of  
American College of Radiology

**ley**  
**RSING MANOR**  
**MANNER IS EXCELLENT**  
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Center of Wayne Business Area  
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..... 5.85  
**AMES** ..... 5.48

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**UTED**

**SHOWROOMS**  
**EN DAILY**

**BEST IMAGE**

**MAINLINE TIMES**

**FEB. 6, 1964 p.19**

## Agency Gets Request Produced by RIR On Effects Of Smoking

A substantial increase in requests for films, filmstrips, printed material and exhibits pointing out the harmful effects of smoking on health has occurred in recent weeks, according to the Montgomery County Tuberculosis and Health Association.

Dr. D. Alan S. ... more, president, ... demand for fact ... and info ... ative materials ... the publi ... interest stimulated by the Public Health Service's report, "Smoking and Health," and to publication locally of a "Resource Unit for Teachers on Smoking and Health."

The following health materials as well as speakers, are available for schools, church groups

clubs and other community organizations. They may be obtained by writing to the association at 1329 DeK ... or by calling Bl ... The film, "Tobacco and the Human Body", sums up the pros and cons of smoking. It

## HUMPHREY

### Hospital Begins Volunteer Course

Printed material available to groups or to interested individuals includes the leaflets, "Don't Let Your Health Go Up In Smoke" and "Filter the Facts Before the Smoke"; a collection of articles on the smoking controversy; Facts about chronic bronchitis and emphysema—two diseases in which smoking is an important causative factor—are included.

Evidence that smokers risk earlier death than nonsmokers and are more apt to get lung cancer, coronary heart disease and chronic bronchitis, is effectively shown in the exhibits, "Filter the Facts Before the Smoke" and "Teenagers, Watch the Smoke Signals". The cost of smoking in money and health is told in another exhibit, "These Butts Won't Hurt Anyone".

### Buten Museum Begins Conversation Course

A course entitled "Conversation" is being given under the sponsorship of Main Line School Nights each Tuesday evening at the Buten Museum of Wedgewood, 248 N. Bowman Ave., Merion.

The course, which opened Tuesday night with a talk on selecting by Harry M. Buten, will continue through April 7. Next week's talk by A. G. Gish will deal with archi-

other prizes will be awarded by the art center will present the awards.

ork must be delivered to the center on May 21 and 24. The exhibit will open on June 5 when prizes will be presented.

Persons whose efforts in the past have been professional, amateur or teenage. Entry fee will be \$1.00 for members of the art center will be charged \$1.50 as an entry fee.

All types of art work will be accepted, including water colors, oil paintings, photographs, drawings and prints.

Further information may be obtained by writing the art center at Box 131, King of Prussia.

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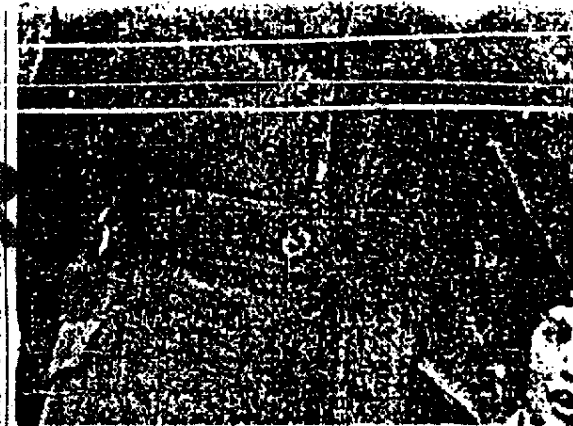
Applicants for an orientation course for new volunteers are being interviewed by Mrs. Doris B. Bertles, director of volunteer services at Haverford State Hospital, Haverford.

The personal interview is a requisite to the orientation course, which will be offered from 9 a.m. to noon on four successive Monday mornings.

Scheduled dates of the course are Monday, Feb. 10, Feb. 17, Feb. 24 and March 2. The first meeting will be held in Room 201 of the Administration Building. Other meetings will include tours of various areas of the hospital including the out-patient clinic.

New volunteers will hear addresses by Jack B. Kremens, M.D., superintendent of Haverford State Hospital; Mrs. Bertles, Dr. Aaron Smith and Mrs. Grace Harrison, of the department of medical research; Dr. Thomas W. Phillips Jr., assistant superintendent; Mrs. Eleanor S. Greve, head of the department of social service; Dr. Bernard Cohen, head of the department of psychology.

Also, Fred E. Olhner, coordinator of activities; Dr. Elizabeth B. Faust, chief of extended patient service; Lenore Baldwin, assistant director of nursing; and Albert Miller Jr., head maintenance. A panel of volunteers will discuss "Our Work



**SING ALONG WITH MICHLING** ... And everyone did as the girl scouts of Gladwyne entertained their dads at a father-daughter banquet last night at the Harrington High School cafeteria, Rosemont. "Michling Miller," one of the several comic features of the two-hour entertainment, was actually Dolly Lambdin, Gladwyne Troop 1129, daughter of Mr. and Mrs. Charles Lambdin.

## Talk On Human Relations Set By Fair Housing Unit

State fair-housing legislation fellowship, Coburn membership will be discussed when the Fair Housing Committee of Radnor Township holds an open meeting at the Memorial Library, Wayne at 8 p.m. Wednesday.

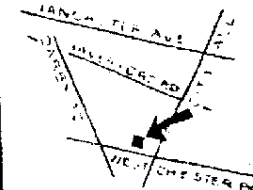
Francis P. Bonner, field representative of the Pennsylvania Human Relations Commission, will speak on "The Pennsylvania Fair Housing Law at Work."

Luther H. Smith Jr. of Villanova will preside. The agenda will include a special report from members who attended last week's meeting of the Fair Housing Workshop of Springfield pin-reports from permanent subcommittee and the fellowship group.

Also on the agenda will be a discussion of the work being done on Villanova's community attitude survey, on which the Fair Housing Committee is interested.

The Fair Housing Committee of Radnor Township was formed last fall by residents within the township who felt a need for leadership in community relations. The committee feels that "all responsible citizens must face the challenge of the problems of interracial housing." It has adopted the following

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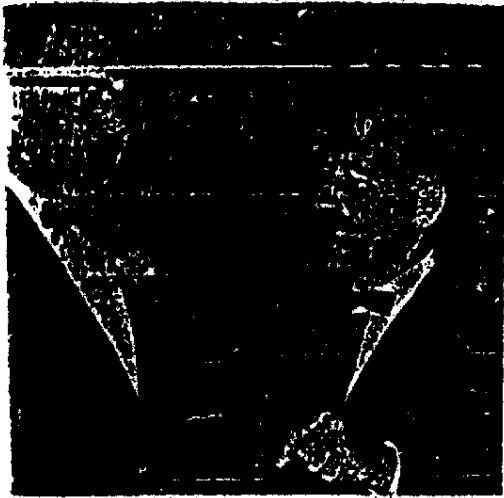


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**WINNING** (the 1968 award of the Philadelphia Section American Chemical Society is Dr. Peter Hock, 529 Park Ridge Dr., Wayne, a group leader in the research and development department of Pennwalt Chemicals Co., Daniel Swern, chairman of the Philadelphia Chemical Society, presents the certificate and a \$300 honorarium to Dr. Hock for his research on the synthesis of inorganic compounds by polymerization of inorganic coordination com-

**Be Officially Careful of Wood**  
L. Hayden, supervisor of Shade Tree Bureau, issued a warning yesterday to residents to buy from reputable wood dealers. He noted that a diseased tree was cut down in Clinton Township and that the trunk, which harbors the Dutch Elm fungus, is being sold for firewood. He can close the waiting list of a diseased American Elm and still the tree.

**Fire Hits Basement in Newtown Square**  
A basement fire broke out early yesterday at the B. L. Winders home, 206/Barren Rd., Newtown Square, Radnor Township, and caused smoke damage throughout the house. The Newtown Square and Broomall fire companies answered the call at 2:58 a.m. and remained for about two hours; the firemen reportedly found two dead cats in the basement's recreation room. Radnor Fire Marshal Edwin Clark said yesterday that the fire could have been electrical in nature but is still officially of an undetermined origin. No estimate of damage was given.

# Withdrawal Clinic' Banned for Smokers

A new program titled S.O.S. (Stamp Out Smoking) aimed at hardened smokers who want to quit but can't. The program will get underway with a six-session withdrawal clinic for members of the community who need help in kicking the tobacco habit.

The clinic will be held at Lankenau Hospital from 7:30 to 9:30 p.m. Monday through Friday, with a windup session on Monday, Feb. 2. Hours will be from 7:30 to 9:30 p.m.

Each session will be led by a doctor. Dr. Wayne McFarland, of Jefferson Hospital, will conduct the opening session. Subsequent speakers will include representatives from cardiology, cancer related diseases, chest diseases and a dentist. Films will be shown.

Registration is limited to 300; the fee for the six sessions is \$10. Persons wishing to register may call Lankenau's Health Education Department, MU 9-1400 (ext. 213 or 509).

Lankenau's S.O.S. program is an extension of anti-smoking programs for school children conducted for a number of years by the hospital's Health Education Department. "Trying to convince children they should not smoke when they see their parents puffing like chimneys is uphill work," says Morris Bar-

rett, director of health education. "Children learn more by what they see than by what you tell them."

Dr. Walter M. Bortz, chairman of Lankenau's Health Education Committee, agrees. "If parents, 'If you can't stop for yourself, stop for your children,'" he says.

More than a million of tobacco's cool children will be born each year.

of smoking continues, according to Dr. Bortz.

Lankenau Hospital admits around 50 new cases of lung cancer a year; less than five percent survives five years. Usually the patients are middle-aged men at the peak of their earning power, Dr. Bortz points out.

"Lung cancer is not only a waste of life but an economic waste as well. And it is essentially preventable." He claims that one-third of the people who try to give up smoking succeed.

Other features of Lankenau's S.O.S. program include a counseling service for hospital inpatients and a request to employees, staff members and visitors to refrain from smoking except in designated areas.

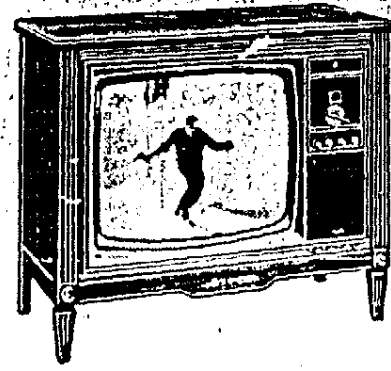
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**COLOR TV SPECIALS**

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**Five Deluxe Console Styles!**

BEST IMAGE

5973 (1967)

## II Help Institute

Until then, he said, St. Joseph's will "feed it people and ideas to sustain it."

The St. Joseph's Academy of Food Marketing, the only institution of its kind in the U.S., was established in 1901 with the cooperation of the country's food industry, to find ways of dealing with the problem of world hunger.

## Social Sciences Program In LM To Be Outlined

Adoption of the Greater Cleveland Social Science Program by the Lower Merion Township elementary schools, an important introduction to the curriculum affecting ALL elementary grades, was discussed at the first Parents' Association meeting for 1969 at the Penn Wynne School Monday at 8 p.m.

Mrs. Theodore Wilbur, District Coordinator of Instruction, will be joined by Miss Mary MacFarland, a social science teacher from another elementary school in the district, in discussing the program.

According to Mrs. George Goldstone, program chairman, both speakers bring authority and commitment to their subject as they have been "illegally involved" in development, testing, and content expansion.

It is expected that Mrs. Wilbur and Miss MacFarland will outline the educational philosophy of the program as well as its major contents and their experiences with it. Their announcement will make the Wednesday meeting a most interesting one.

The meeting is to begin with refreshments.



ROY NASSAU, recently appointed co-director of the newly-established Community Service Group for the WFIL Stations, will be the guest speaker at the Ardmore Optimist Club's luncheon Tuesday at Viking Inn, Ardmore. He will speak on "Community Service: Responsibilities of a Broadcast Station." Nassau will be accompanied by Ron Gold, television reporter.

## LM Gets 2 Petitions For Zoning Changes

Lower Merion Commissioners have received petitions from property owners on both sides of Elliott Ave., between Lancaster Ave. and Old Lancaster Rd., Bryn Mawr, for a change of zoning from R-6A to C-L (limited commercial).

Stanley Goodman, owner of property on the east side of Booth Lane, north of Montgomery Ave., Haverford, is seeking a change of zoning from R-2 to R-7.

## CLEANUP IN LM

Sweepers removed 855 tons of debris from 122 miles of roadway in Lower Merion Township last month. Work on a storm sewer at Winding Way and Montgomery Ave., Merion, was completed. A

## S.O.S. Plan Helped This Smoker To Quit

By JOHN HUGHES  
The S.O.S. Plan helped a man quit smoking after two decades of daily for nearly 20 years. Now I'm down to two cups of coffee a day. Like Mark Twain, I've stopped smoking a thousand times, but it usually lasted only one or two days. Believing that my will power was just a little bit weaker than the next person's, I gave up trying to knock the smoking habit with my brother-in-law. I suggested he try the S.O.S. Plan. Last month (April 1968), he quit smoking.

The Five Day Plan to stop smoking consists of five meetings in the evenings from 7:30 to 9:30 plus a follow-up meeting on Monday of the next week. A new session will be held at Lankenau Hospital beginning on Jan. 27. Dr. J. Wayne McFarland, who started the plan eight years ago, and Horace Reading will conduct the course.

The plan is designed to help a person mentally and physically to break the smoking habit with a minimum amount of discomfort. Having the desire to quit smoking is half the battle, and McFarland and Reading make the other half of the battle--getting over the craving to smoke--much easier.

Through the use of films and literature, Dr. McFarland offers convincing evidence that the chances of getting lung cancer, emphysema, bronchitis and heart disease are much greater among smokers than among non-smokers. This, however, is only a small part of the Five Day Plan; the remainder is based on positive thinking.

"I choose not to smoke," you'll be saying with the others taking the course.

In some respects, the plan is similar to the principles of Alcoholics Anonymous. Everyone is assigned a partner to contact by phone every

time the going gets tough. At the evening sessions, people are called upon to tell out their temptations to smoke and their nicotine withdrawal symptoms, which usually include shortness of breath, weakness, headaches and a craving for food.

These discomforts last about three days and are replaced by a sense of well-being and a feeling of accomplishment. Because the S.O.S. Plan is becoming the catalyst of his own new life, one of these who has quit smoking completely the first day. About half of them never smoke again.

While you are taking the course, a special diet is prescribed that greatly reduces the craving for tobacco. For the first day, only fruit and fruit juices are recommended and poached eggs and salads if additional food is needed. Greasy foods, spices, rich meats, alcohol, beer, cigarettes, coffee, tea and cola drinks must be avoided at first because they stimulate the urge to smoke.

Drinking plenty of water and fruit juices, deep breathing, short walks after meals, and warm baths or showers, are a great help in kicking the nicotine addiction. And it is an addiction not just a habit. This is not as difficult as you might think, because it is done with a purpose in mind--to be free from the bondage of smoking.

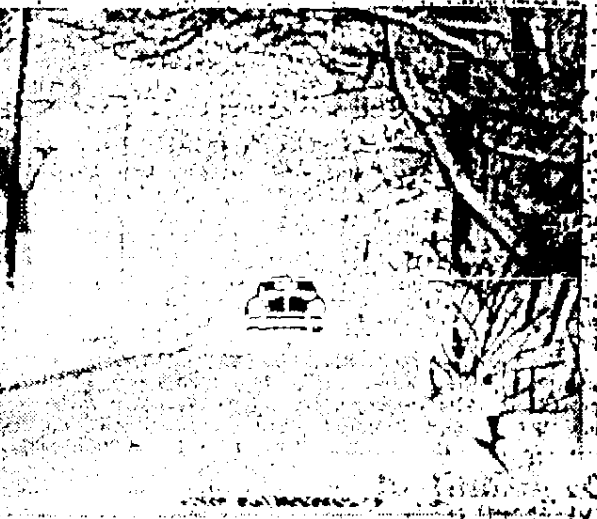
During the day you will look forward to the evening group therapy sessions. They are held in an atmosphere that is congenial and friendly. People working together to solve a common problem is conducive to good fellowship.

Food will taste better, relaxation will be easier, and your smoker's hack, especially in the morning, will disappear if you stop smoking. You can stop smoking on your own, but it is easier

## Studies Abroad Ahead For Two

David L. Sherson of 405 Meadow Ln., Merion Station, and Gregory W. Valler of 416 Spring Ave., Ardmore, are the 95 students enrolled in the College's London Semester Program established in cooperation with the City of

London College. The two will leave Jan. 28 from New York's Kennedy Airport for 13 weeks of study. Sherson is a student at the University of Pennsylvania; Walter attends Duke University.



## Pick the right day to test drive a Volkswagen and you'll have the road to yourself.

Back when the weather was better, everybody was inviting you to come in and test drive their new what-ers.

But now that the weather isn't so hot (and a test drive is really a test), the invitations have dropped off sharply.

Now maybe you can spare a little time to try out the new Volkswagen.

Not right this minute. Wait for a nice lousy day. The next time it's snowing or slushing or something like that, drive down to your Volkswagen dealer. Ill you can make it in your car.

He'll be happy to take you out and show you how a Volkswagen works when hardly anything else does.

How the weight of the motor on the rear wheels makes the VW dig in and go, in the snow or the mud, or even on ice.

As you pass all the stranded cars that pass test drives in balmy days, he'll tell you about the other cold-weather comforts.

The air-cooled motor. It doesn't freeze over, so it

BEST IMAGE



Year of Smoking Research

# Medical Study Started in '30s

As long ago as 1934 a pioneer British smoke of the pre-war in October, noted a heavy rise in the death rate of smokers. King's College London, England, reported that the incidence of lung cancer and bronchitis had increased in the years following the war. The study, which was the first of its kind, was based on a study of the 77,000 members of the British Medical Association. The study found that the incidence of lung cancer and bronchitis had increased in the years following the war. The study also found that the incidence of lung cancer and bronchitis had increased in the years following the war.

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# HUMPHREY

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BEST IMAGE

51973 1869

51973 1869

# Federal Panel Cites Cigaret

## Cancer Peril

JUN 12 1954 AM

### Study Terms Pipes, Cigars Less Risky

BY FRANK ARKARAKIAN  
OF THE BUREAU STAFF

Washington, Jun. 11—Cigarette smoking is a significant cause of lung cancer, but is so great a health hazard in general that it should be regarded as a public health problem.

The report, which was made by the Surgeon General's Committee on Smoking Habits, is the first of a series of reports that will be made by the committee.

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no made for most smoking cessation.

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no caused to make his recommendations of his own, and after repeated questioning around this point, he finally said that he had to look at the problem "both as a doctor and as a government official."

He strongly implied that the economic and other consequences of any action recommended to President Johnson would reflect consultation with other government and private agencies, and said that copies of the report were being sent to state and local government officials, industry, labor and eventually to the physicians of the nation.

He did say that more intensive education of the general public, of the medical profession, possibly labeling of tobacco products as to health hazards, and regulation of advertising were examples of the kinds of action possible, but "I am not undertaking any of them," he said.

The heart of the report by the committee of laymen—excluding health physicians—was a listing of the principal findings regarding the effects of smoking.

Among these were:—The rate of developing lung cancer increases with the duration of smoking (number of years) and the number of cigarettes smoked per day, and is diminished by discontinuing smoking.

—The average man who smokes has a 10 to 20 times the risk of developing lung cancer as a nonsmoker has, and heavy smokers face a risk 30 times greater than nonsmokers.

—Those who smoke pipes, cigars or both face a greater risk of lung cancer than nonsmokers, but a lower risk than cigarette smokers.

—Cigarette smoking is the most important of the causes of chronic bronchitis in the United States, and increases the risk of dying from chronic bronchitis and emphysema (hardening and inefficiency of the lungs).

—Male cigarette smokers have a higher death rate from coronary artery disease than nonsmokers. Although a causative association is not proven, the committee considered it "more prudent from the public health viewpoint to assume that the established association has causative meaning than to suspend judgment until no uncertainty remains."

—Pipe smoking appears to be causally related to lip cancer, and cigarette smoking is a significant factor in the causation of cancer of the larynx.

—Women who smoke during pregnancy tend to have babies of lower birth weight, but it is not known whether this decrease in birth weight has any influence on the biological fitness of the newborn.

Regarding several specific diseases, the report said:

—Lung cancer appears to be causally related to lip cancer, and cigarette smoking is a significant factor in the causation of cancer of the larynx.

—Women who smoke during pregnancy tend to have babies of lower birth weight, but it is not known whether this decrease in birth weight has any influence on the biological fitness of the newborn.

Regarding several specific diseases, the report said:

#### Partial text of smoking report— Section 2, Pages 4, 5

make sure they had the "reignition of a clear hazard."

The 367-page report, representing a 14-month review and appraisal of research in recent years, was, in brief, the strongest indictment yet handed by a government-operated group of the effects of smoking upon the health of Americans.

Its two principal findings were that men who smoked had a death rate 70 percent higher than nonsmokers, and that "cigarette smoking is causally related to lung cancer in men."

**Cancer of the Esophagus**  
There is evidence of an association with smoking, but cause and effect have not been proven.  
**Cancer of the Urinary Bladder**  
An association with cigarette smoking exists but a cause and effect link has not been proven.

**Stomach Cancer**—No relationship established.

**Female Uter** (including ulcers of the stomach and ovaries)  
The duodenum which links the stomach with the intestines—An association with cigarette smoking but no cause and effect yet established.

**Emphysema** (disease of vision unexplained by any bodily defect)  
A relationship seems to exist between this ailment and pipe and cigar smoking, but no cause-and-effect link has been established.

**Births of the Living**  
There is increased mortality from this among smokers, but evidence is not sufficient to establish a cause-and-effect link.

**Chronic Respiratory Disease**  
The bulk of the population of the United States, the report said, the importance of cigarette smoking as a cause of chronic respiratory disease is much greater than that of atmospheric pollution or occupational exposure.

**Any man, cigarette smoker, is a greater risk of developing chronic respiratory disease, but cigarette smoking is the main reported.**

**Have Changed**  
The report also revealed the changing habits of Americans and their changes in recent years.

In 1910, the per capita consumption of cigarettes was 10. In 1963 there were 3,531 cigarettes smoked for each person. In 1962, per capita cigarette consumption dropped from 117 in 1950 to 117 in 1962.

By 1950, about half of the one percent of cigarettes were made with filter tips. By 1962, this had risen to more than 34 percent.

The report noted that in 1930, there were fewer than 3,000 cigarettes contributed to lung cancer, and that this had risen to 41,000 by 1962. Some of the increase may be the result of better diagnosis, but "the evidence leaves little doubt that a true increase in lung cancer has taken place," the report stated.

**Prospective Studies**  
It pointed to seven studies made by selecting people while they were still alive, determining their smoking habits, and then following their health his-

tories, sometimes until death. From such "prospective" studies, as contrasted with retrospective ones, the report found the following:

Men who smoke fewer than ten cigarettes a day have a death rate (from all causes) about 40 percent higher than nonsmokers. Smokers of ten to 19 cigarettes have a death rate 70 percent higher; 20 to 30 cigarettes a day, 90 percent higher; and for those who smoke more than 40 cigarettes a day, the death rate is 120 percent higher than nonsmokers.

Former smokers who had stopped before these prospective studies began had a death rate 40 percent higher than nonsmokers. Men who began smoking before age 20 have a substantially higher death rate than those who began after age 25.

The death rates for men smoking fewer than five cigars a day were about the same as for nonsmokers. Death rates for pipe smokers are little if at all higher than for nonsmokers, even for men who smoke ten or more pipefuls a day and for men who have smoked pipes more than 30 years.

"In all seven studies, coronary artery disease is the chief contributor to the excess number of deaths of cigarette smokers over nonsmokers, with lung cancer uniformly in second place," the report stated.

**Copies Will Be Sold**

Asked if his department had made any changes in the committee's report, Dr. Terry replied firmly, "There was no modification of a single comma or word by anyone."

He also said he had polled the members of the committee before the press conference and had determined that all of the items in the report reflected the unanimous opinions of the members.

The report will be sold by the Superintendent of Documents of the U.S. Government Printing Office. It is Public Health Service Publication 1103, priced at \$1.25.

**Committee Members**  
The members of the committee are:

Dr. Louis F. Fieser, professor of organic chemistry at Harvard University; Dr. Jacob Furth, professor of pathology at Columbia University; Dr. Charles A. Lehmann, professor of internal medicine at the University of Texas Southwestern Medical School and medical director of the Woodlawn Hospital's Chest Division in Dallas.

Dr. John B. Hickam, chairman of the Department of Medicine at Indiana University; Dr. Leonard M. Schuman, professor of epidemiology at the University of Minnesota; Dr. M. H. Seervitz, head of the Department of Pharmacology; Dr. Stanislo Bayne-Jones, retired as a brigadier general after World War II service in the Office of the Surgeon General.

Dr. Walter J. Burdette, head of the Department of Surgery at the University of Utah; William G. Cochran, professor of statistics at Harvard University and consultant to the Public Health Service; and Dr. Emanuel Farber, chairman of the Department of Pathology at the University of Pittsburgh.

11/2/64

51973 1871

# U. S. Proposes Use Of Danger Label on Every Cigaret Pack

WASHINGTON, Jan. 13 (UPI)—The government proposed still new rules for cigaret advertising and labeling Saturday to remind consumers of "the substantial health hazard of cigaret smoking." The rules, recommended by the Federal Trade Commission in the wake of the "Public Health Service report" on smoking vs. health, would put this warning on every pack of cigarets sold across the country.

"Caution—Cigaret smoking is a health hazard. The Surgeon General's Advisory Committee on Smoking and Health has found that cigaret smoking contributes substantially to mortality from certain specific diseases and to the lung cancer death rate."

## ADVERTISING RULES

The FTC also proposed shorter statements on every spot radio and commercial on cigarette advertising.

"Caution—Cigaret smoking is dangerous to health and can cause death from cancer and other diseases."

The commission also proposed that no cigarette pack or label can state or imply that cigaret smoking is safe or healthful.

The FTC also proposed that cigarette packs and labels be changed before new ones are issued.

## PROOF OF STATEMENTS

The agency will require cigarette companies to provide proof of statements made on cigarette packs and labels.

And if the claim is clearly accompanied by "all the facts" relating to the health hazard of smoking, the FTC will allow the claim.

The rules would prohibit, for example, any advertisement that says "Cigaret smoking gives you extra protection."

The rules would also prohibit any advertisement that says "Cigaret smoking is safe."

The rules would also prohibit any advertisement that says "Cigaret smoking is healthful."

The rules would also prohibit any advertisement that says "Cigaret smoking is a pleasure."

The rules would also prohibit any advertisement that says "Cigaret smoking is a habit."

The rules would also prohibit any advertisement that says "Cigaret smoking is a waste of money."

The rules would also prohibit any advertisement that says "Cigaret smoking is a crime."

The rules would also prohibit any advertisement that says "Cigaret smoking is a sin."

## Johnson Sees Big Gain If Tax Cut Is Passed; Senate Group to Act

Record Predicted; Byrd Is Aiming For U. S. Economy At Midweek Vote

By JOSEPH R. SLEVIN WASHINGTON, Jan. 13 (UPI)—President Johnson will tell Congress on Monday that the Finance Committee finishes American economy will smash with the big tax bill next week.

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Helicopter is assisting in search for U.S. soldiers in North Vietnam. He is being held on Communist guerrilla forces.

## U. S. Not Ready In Cuban Crisis, M'Namara Says

WASHINGTON, Jan. 13 (UPI)—Secretary of Defense Robert McNamara said Saturday the United States is not ready for a Cuban crisis.

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BEST IMAGE



2/16/69

# FCC Seeks To Outlaw Cigaret Ads On Radio, TV

## Smoking Blamed For Epidemic of Lung Disabilities

WASHINGTON, Feb. 5 (UPI)—The Federal Communications Commission proposed today that cigaret advertising be banned from radio and television on the ground that smoking causes "an epidemic of death and disabilities."

FCC Chairman Roscoe Hyde, in a 10-page conference, received 10 commissioners voted 6 to 4 in favor of the proposal. Commissioners James Wadsworth and the opposing vote.

### AS LABELING ACT

The Cigaret Labeling Act, which expires July 1, requires a health hazard warning on cigaret packages but expressly prohibits any federal regulation from restricting cigaret advertising. Some anti-smoking legislators now favor letting the law expire to permit the government to require health warnings in cigaret advertising, or prohibit it altogether.

While Hyde contended the FCC otherwise lacks the statutory authority to enforce any of its proposed restrictions, he left no doubt the commission wanted in this case. But Congress and the broadcast industry on notice about his proposal views the widespread use of cigaret advertising on radio and television.

### UP TO CONGRESS

Obviously hoping that Congress would not extend the 1965 law with its restrictions on FCC and FTC, Hyde said he anticipated a full congressional review of the controversy over smoking and health, but he conceded that this "is a matter in which Congress will be the final arbiter."

Hyde cited Health, Education and Welfare Department statistics showing there were 50,000 deaths a year from lung cancer and 35,000 deaths from emphysema and chronic bronchitis, and that one-third of all deaths of men between 35 and 65 were related to cigaret

is the face of this kind of information, we believe action is called for," Hyde said.

The FCC proposal suggested that whether cigarets found to be low in tar and nicotine should not be exempt from the proposed ban.

Under the plan in which the FCC made a proposal means time will be allowed for comments from all interested parties and possibly public hearings.

See Page 21, Column 2

# FCC Proposes Rule Banning Radio, TV Cigaret Commercials

Continued from First Page

ings before any final decision is made.

The Tobacco Institute, the trade association for the tobacco companies, replied that "in the present state of scientific knowledge about smoking and health, the ruling contemplated by the FCC would be arbitrary in the extreme. Furthermore, the agency's announcement is an obvious threat to usurp the congressional function."

### LEGAL PRODUCT

The National Association of Broadcasters, a like group for the radio and television industry, said: "The action is without precedent. Never in our knowledge has there been a ban proposed by an agency of the federal government on the advertising of a product whose sale is legal."

In Congress, lawmakers from Southern tobacco-growing states quickly challenged the FCC's proposal.

"The supreme example of bureaucratic tyranny," Sen. Sam J. Ervin Jr. (D., N. C.) called it.

### BRITAIN IS CITED

One prominent tobacco industry official in North Carolina, who declined to be identified, said he did not think the proposed ban on smoking ads would have much effect. The only thing the industry advertises on radio and television, he said, are "these new products which don't have much tobacco in them." Taxes are what the industry really fears, he said.

Hugh C. Kiger, chief tobacco specialist for the Agriculture Department's foreign agriculture service, said a combination of automating pushers and a non-advertising policy in Britain has not reduced cigaret sales there. But he said sales have remained steady, during a time when an annual increase of 5 to 7 percent might have been expected.

### WONT KLET NETWORKS

First word of the FCC proposal came from Sen. Frank E. Moss (D., Utah), a Mormon who proposed in the Senate on Friday that the 1965 labeling law should be allowed to die. The law requires the statement: "Caution: Cigaret smoking may be hazardous to your health," on each pack.

In this dissent, Wadsworth said, for this point, even to propose administrative action would be unwise in the absence of concrete congressional direction.

### A spokesman for Advertising

As an industry journal, said in New York it was not expected that the networks would be affected to any great extent if the FCC proposal went into effect. He noted that the "nicotine" companies generally buy prime time and thus would be picked up by other advertisers if vacated by the cigaret makers.

In New York stock market analysts said the savings from television advertising would bring instant earnings increases to the tobacco companies.

Although industry competition would force the companies to step up advertising in other media, the analysts noted, the price would not be nearly as high as radio and television costs.

"Medical and scientific opinion has long recognized the causal relationship between cigaret smoking and lung cancer," the statement said. "If the FCC proposal is carried out it will be a vital contribution to public health and warrants wide public support."

The society also commended the television and radio media for increasing the volume of anticigaret spots and programs and urged that the spots be continued "whatever happens to cigaret advertising."

51973 1874

BEST IMAGE

$$\frac{5}{5}$$

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4  
6

Phila. Inquirer

# Smoking, lung disease: A new link

**My Family Page**

**WASHINGTON** — The U.S. surgeon general issued a report yesterday that strongly linked cigarette smoking to cancer. The report also identified as the cause in thousands of deaths from cancer, heart attacks, with each cigarette smoked — obstructive lung disease. The report also said that much killed 5,000 Americans last year.

"We estimate that between 1970 and 1972, the U.S. will need 90 percent of the world's supply of high-quality uranium, and that the U.S. will be irretrievably committed to uranium mining."

James General C. Brewster, Jr., president of the American Uranium Institute, said in announcing the findings: "The world's uranium supply is scarce (year).

The report showed that more than 10 million Americans suffered from chronic bronchitis and emphysema, and that more than 300,000 people were hospitalized each year because of chronic obstructive pulmonary disease.

[illegible]

...responsible for more premature deaths and disability than any other...  
...again. - Keep mad...  
...partners, he said...  
...the nation 300 billion...  
...health-related expenses...  
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...activity.  
...included in the report was a chap-  
...the meeting concerned about  
...smoking." in which some  
...voluntarily exposed to higher  
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...de.

and perhaps the most troublesome design involved health problems contracted by young children whose parents smoke. When asked what advice he had for mothers and fathers, Dr. Hirschl said, "Keep 'em."

A parent's influence is the main factor in the child's development, says Dr. Harold B. Compas, professor of psychology at the University of Colorado at Boulder. "Goodness and badness are not inherent in the child," he says. "They are learned from the environment." The child's behavior is a reflection of the parent's behavior. The child's behavior is a reflection of the parent's behavior. The child's behavior is a reflection of the parent's behavior.

ing protein." And children of under-  
nourished "tend to have a small, but nec-  
essarily, difference in the growth of  
the functions," it found.

1

## Another lung disease blamed on cigarettes

continued, page 14

"We have always considered people as a part of nature's working in this house of their creation," he said. "There is an order in the house given."

In the case of chronic lung disease, the report said that the risk of death for heavy smokers could be up to 30 times higher than for nonsmokers.

The report seemed certain to add ammunition to Communist for anti-American propaganda.

Comptroller legislated by Rep. Al Gore Jr. (D., Tenn.) that would require four different cigarette brands to be sold in each state.

The bill, which the House passed, did not appear for fear of further anti-atomic legislation, now being introduced to both the full House and the Commerce Committee.

1

# produced by RJRTC

## Battle Against Cigarettes

### Don't Light That Match, Recorded Voice Warns

By J. REGAN KERNEY

Of The Bulletin Staff

If you light a cigarette as soon as you roll out of bed each morning, you've probably tried at least once to give up smoking.

Every time you think about it, you sit back, light up another, and say, "Well, after this pack, I'm quitting." But it's not true. I've tried, but I still reach for that cigarette as soon as I see one.

Recently I heard about two phone numbers — 262-1255 in Philadelphia, 277-5549 in Norristown — operated by the Tobacco and Respiratory Disease Association of Philadelphia and Montgomery County.

#### On Night Track

The idea is to call the number when you feel the urge for a cigarette — you hear a recording about the ill effects of smoking, and you decide to pass up the cigarette.

I tried it, and here is a partly-by-product account of what happened.

"Don't strike that match," said a recording. "Don't light that cigarette. You're on the night track. Just stick to your determination to stop smoking. It's the best investment you can make."

A cigarette from my fingers, I thought. It's in the pack, and I'm not smoking it. I'm just holding it.

A voice on the recording said that we all need breath for our everyday activities. It talked about breath for tennis, golf, and a strong political voice.

"Well, I don't play golf, and nobody ever listened to me politically, anyway," I thought, raising the cigarette to my lips.

"As a matter of fact," the recorded voice broke in, "I used to be that I, a former smoker, when the man next to me would say, 'Do you mind if I smoke?', would say, 'Of course not,' because I thought it was the gracious reply."

The cigarette quivered between my teeth.

#### No Good for Me

The voice belonged to Dr. Katherine Strugis, professor emerita of the Women's Medical College. She is one of the 100,000 doctors across the country who have given up smoking.

The recording continued, "But now I say, 'Since you

The cigarette dangled from my mouth, as I fidgeted nervously with a bank of matches, opening and closing it.

Dr. Strugis volunteered to make the recording for the Tobacco and Respiratory Disease Association. She is an eminent chest specialist and a former president of the association.

"Now do keep fit. Don't smoke," the voice said. I gripped an ashtray. Should I or shouldn't I?

Dr. Strugis should know. She is president of the Delaware Valley Citizens' Council for Clean Air.

#### Data Available

"Write Box 1967, Philadelphia," the voice added, "for more information on just how you can do it."

The recording stopped. With a lightning motion and a flash of the match, I lit the cigarette and took a puff.

"I'll just finish this pack," I

19<sup>th</sup> MB  
The Evening Bulletin  
PHILADELPHIA  
Thursday, June 25, 1970

I learn more about how to stop,  
I lost the battle, but maybe  
But I decided to write to not the war.



MAY 27 1977

# Psyching For That Last Puff

Special to The Bulletin.

Whatever method is used to stop smoking, some basic psychological "tricks" must be dealt with.

MAINTAIN. AWARENESS. Persistence.

There are three of the most important.

They are the three smoking more important. With it many quit-smoking approaches can work. Socially, individual effort, without it you will be still buy another carton of smokes.

However, the psychology professors at the University of Illinois Chicago Circle don't have to go charging into the effort with the determination of a bulldozer.

"You can't have enough motivation to get out of smoking," said Leonard Sushinsky, assistant professor. "But those who have just enough to get started are just as others with a lot more motivation."

"Learning motivation may predict whether one will start," said Sushinsky. (From Page 5)

social professor Charles L. Groder, "but it does not predict success."

Groder, who has quit smoking himself, lectures at Chicago Lung Association quit-smoking clinics, said a common motivation is fear — fear of such consequences as cancer, heart disease, emphysema.

Sushinsky added that social disapproval of smoking is starting to make a contribution to motivation.

"You can tell," he observed. "Because smokers are aggressive about smoking, and they never used to have to justify it."

In virtually every quit-smoking method — from hypnosis to group discussion to behavior modification — awareness is a prime element, an indispensable factor.

Sushinsky, who wrote his doctoral dissertation on one form of smoking cessation, said, "Most programs demand some form of self monitoring. That by definition tends to break up the habit. It adds an element to your response system: thinking about it makes it a little harder (to smoke)."

The Chicago Lung Association, for example, has a cessation program

## How to Quit

which involves the filling in a form on how many cigarettes you plan to smoke each day, and how many you actually smoked. Participants are instructed to wrap the form around their cigarette packs with rubber bands. Those with each smoke the cigarette quitter will have to wrap the form and be confronted with the program.

Such awareness — joggling can be fundamental, because some smokers are not conscious of their habit.

"To maintain this awareness," said Sushinsky, "is not necessarily an automatic thing without effort," which leads to another important psychological factor.

"You have to expect some distress from interrupting a habit," Sushinsky observed. "Any time you begin reducing a compulsive activity there may well be some distress — anxiety, a sense of uneasiness — because you're not doing something you've always done."

Persistence is thus a fourth behavioral issue.

He said Sushinsky observed that the general need for persistence helps explain why short treatment programs and programs without follow-up will mainly fail for so many.

produced by RJRTC

Phila. Bulletin

JAN 12 1979

## There's no doubt left about the

In a nation alive with joggers, health food stores and fitness and diet clubs it is astonishing that 54 million Americans still smoke. The statistic comes from the new Surgeon General's report, which makes clear beyond any real doubt that smoking kills — 330,000 smoking-related heart and cancer deaths a year.

In a backhanded way, the tobacco industry has fortified this report by generally pooch-pooching it, plus trying to make Health Education and Welfare Secretary

Joseph Califano look foolish. Mr. Califano, we believe, penetrated the haze by remarking that when opponents lack facts they turn to personal attacks.

There is some reason for optimism: The percentage of the adult males who smoke is down and so is per capita consumption of cigarettes. Thirty million have quit. But increases in smoking by women and young girls and the impact on their health and their unborn children are cause for special concern.

The addictive hold of cigarettes is only part of the problem. Compounding it is the potency of the tobacco industry, with an advertising budget of about \$500 million a year. The Tobacco Institute, its effective lobby, spends \$5 million a year.

Mr. Califano spends only about \$30 million a year to counter all that. More disturbing, though, is what seems to be politically inspired ambivalence at the top of the Administration. While Mr. Califano fires his salvos, President Carter

## hazards of smoking

keeps being photographed in a cap bearing the emblem "Growers Warehouse 648 — Wilson."

For the uninitiated, that's a tobacco warehouse in Wilson, N.C. Tobacco growers and workers all over his native Southland see it as a message: Tobacco industry backing.

They interpret this as meaning no tampering with the \$65 million price supports and other subsidies that, paradoxically, the government annually gives to

tobacco growers while Mr. Califano tries to get people to kick the habit. Couldn't the government be trying to steer the growers into other crops instead?

HEW will sponsor more antismoking ads, proven to be effective, and school programs — all to the good. At the state level, further pressure is needed to enact smoking bans in public places. They may or may not cut cigaret use, but they help clear some air and any advance against the blue cloud is welcome.

51973 1878

# Ky. trucker held in 27 bus deaths

By Rob Spector  
Los Angeles Times

**RADCLIFF, Ky.** — The driver of a pickup truck was charged with 27 counts of murder yesterday after authorities said their tests showed he was drunk when his vehicle careened the wrong way down an interstate highway and plowed into a crowded church bus.

At the time of the crash late Saturday, Larry Mahoney, a chemical worker from Whitesville, Ky., had a blood alcohol level of .24, nearly 2.5 times the legal limit, Commonwealth Attorney John Ackman said.

Ackman said Mahoney could face the death penalty if found guilty of the charges, brought as one of the worst bus accidents in U.S. history. The collision piled up 27 fatalities and a fireball that killed 27 people, teenagers and adult commuters from Radcliff returning to all-day outing of an amusement park near Cincinnati.

More than 100 other passengers were taken to hospitals, including eight who yesterday were still listed in critical condition. Mahoney, 30, was hurt in the crash. His condition was upgraded from critical to serious yesterday as authorities moved to deny him bail and began questioning him in a guarded intensive hospital room.

Meanwhile, investigators from the National Transportation Safety Board arrived in Radcliff near the scene of the accident, to search in the charred and twisted hulks of the two vehicles for clues to the ferocity of the blast.

During a news conference last night, the investigators said the converted school bus apparently had a protective cage around its fuel tank, as required under federal safety requirements.

to put a \$10 million cap on its Class 30 bonds, which Council members are to award grants to community groups.

"It's not a done deal. It's just a proposal that we'd like to have considered along with the mayor's proposal," Siroet, chairman of the Appropriations Committee, said during a news conference in Blackwell's office yesterday.

In a letter responding to the councilmen, Gondo termed the proposal a "straightened plan."

"You have called for a change in philosophy — for leadership and a demonstrable willingness to face the city's tough financial issues. Yet your plan is more of the same — unrealistic cuts in programs over which we have no control, unwillingness to generate necessary tax revenues, and a reluctance to seize savings from productivity gains when they are squarely before you," Gondo wrote.

Gondo's letter, released late yesterday, alluded to a plan that he had proposed yesterday to Siroet and Blackwell, which reduced the proposed \$165 million tax increase to \$142 million, with \$17 million still going to the school district.

The mayor's compromise also included a \$20 million across-the-board reduction in funding for city agencies, \$600,000 in cuts from the Mayor's Office and a \$5 million reduction in a proposed \$44 million social (See TOBACCO on 7-A)

Teachers' union threatened by alternative tax proposal, Page 1-B.

# Kidney funds bypassing patients

By Matthew Ford

In 1985, a major conglomerate took \$21 million in federal funds that had been appropriated to treat kidney patients. Instead of finance a clinic in which it acquired the nation's largest kidney dialysis company.

A federal audit concluded that the use of money from the kidney treatment program "some deal was improper."

All of this might have been a case

## Dialysis: The profit machine

Third in a series

The commission that delivered the "War on Waste" report was headed by J. Peter Grace.

No was the conglomerate.

That same year, a kidney dialysis clinic in Puerto Rico owned by the new W.H. Grace & Co. subsidiary had a very profitable year.

A federal program paid the clinic \$2.5 million in 1985 to treat about 130 patients.

It cost \$1.5 million to perform the treatments, according to a government audit of the clinic.

What happened to the other \$1 million?

More than \$500,000 of it was straight profit for the clinic. The remaining \$500,000 went to pay physicians' salaries that federal auditors deemed excessive and corporate expenses that the auditors determined had nothing to do with patient care.

In short, federal auditors determined that the clinic was paid 10 percent more than the actual cost of the treatment and that the government set out to provide.

And the profits came at a time when the patients in Puerto Rico

were worried that their lives were jeopardized by it cost-saving measures. For patients at another dialysis clinic owned by the party staged a strike — on their own health by refusing treatment to draw concern.

But clinic officials would say they sent the federal government not providing enough for the treatments.

The federal government provides for dialysis for kidney disease has turned tremendously profitable. (See MEDICINE on 1-B)

-Phib Inq.

July 17, 1988

# Koop calls nicotine addictive drug; urges stricter regulation of tobacco

By Susan Okie  
Washington Post

**WASHINGTON** — Research has established firmly that nicotine in tobacco products is an addictive drug comparable to heroin or morphine, Surgeon General C. Everett Koop said yesterday. That addictive quality should be reflected on cigarette warning labels and in government policies on the sale and promotion of tobacco, he said.

"Our nation has mobilized enormous resources to wage a war on drugs," Koop said in releasing a six-page report. "We should also give priority to the one addiction — tobacco addiction — that is killing more than 300,000 Americans each year."

About 51 million Americans smoked cigarettes in 1985, a 37 percent decrease over a decade, according to the report.

Compiled by more than 30 scientists who combed more than 2,000 research articles, the volume summarizes the current understanding of nicotine addiction and its treatment rather than breaking new ground.

Anti-smoking activists said they expect the report to provide powerful new ammunition in suits by smokers against tobacco companies and in legislative efforts to restrict promotion and tighten regulation of tobacco products.

The report calls for a new warning label on cigarette packages and advertisements, stating that the products contain nicotine, an addictive drug. Legislation to require such a warning has been introduced in both houses of Congress.

The report also says insurers should pay for treatment programs to help smokers quit, as they do for treatment programs for alcoholics (See TOBACCO on 4-A)



C. Everett Koop  
Likens nicotine to heroin, morphine

## Weather & Index



One of the city's most elaborate community gardens is padlocked as neighborhood residents watch the growing season pass. (Daily Magazine, Page 11)

Showers or thunderstorms possible today, tonight and tomorrow. Highs 70 to 75 today. Low in the mid-50s to night. Full weather report, Page 12 F

National/International	Section A, D, F
Metropolitan	Section B
Sports	Section D
Daily Magazine	Section E
Business	Section F
The Arts	2-E
Classical	1-C
Comics	11-F
Entertainment	10-A
News/Opinion	2-E
Obituary	11-D
Page 1	13-F
Table of Contents	6-E

## Benny Goodman never

United Press International

**NEW HAVEN, Conn.** — Benny Goodman announced yesterday an announcement previously announced by Benny Goodman from a collection of the late jazz. The first volume of 16 being made available to be selected from the material bequeathed to Goodman's death on June.

The collection includes tapes that Goodman recently released during a 60-year career, said David E. Sanjek, professor and librarian at the John F. Kennedy School of Government.

Sanjek said the record "best of the best" jazz clarinetist, who played jazz music.



tes surrender as standoff ends at Mack Alford Correctional Facility in Stringfellow, Okla.

prison. According to... the uprising began Friday... tried to move five... minimum-security prison... dispute between them... other inmates... inmates initially seized... all prison guards — but... released unharmed Saturday... six was set free... the three-day siege... displayed machete-like knives... about 12 inches long... ed-sheet banners were... from the roof of the two-story... where the hostages were...

The first sheet said... "White Power." A second said... Respond to Demands... Lined to Young Public... The third requested help from the media.

"I feel like the inmates did that for attention," he said. "White Power" banner. "Also, I feel like we have some racists in there."

State Rep Gary Coffey, one of three state legislators involved in the negotiations, said the riot started when white inmates accused black inmates of stealing from them. But Kenneth Converse, another negotiator,

downplayed the racial angle.

"One or two individuals can make it look like a racist deal," Converse said. "It's not a racist deal, and it's not an overcrowding issue."

State Corrections Director Gary Maynard said he believed the riot was spontaneous and was not primarily racial, although he acknowledged that the original fight was between blacks and whites.

"It apparently was a fight over a property issue between blacks and whites," Maynard said. "It escalated when our officers tried to arrest the inmates. It doesn't seem like it was racially motivated."

## Koop: Nicotine addicts; more regulation needed

TOBACCO, from 1-A

and those addicted to other drugs, says schoolchildren should be taught about the health risks of tobacco products and nicotine addiction as part of routine health education and urges stricter enforcement of state laws banning sales of tobacco products to minors.

The tobacco industry has long disputed the notion that nicotine is addictive. It fought successfully against inclusion of a warning about addiction in 1984 when Congress passed a law mandating several more specific rotating labels warning about other health hazards of smoking.

The Tobacco Institute, a lobbying association for the industry, said in a statement yesterday that the new report "trivializes the serious drug problem faced by society."

"The claims that smokers are 'addicts' defy common sense and contradict the fact that people quit smoking every day," it concluded.

Asked by reporters about the institute's statement that the report "trivialized the nation's drug problem," Koop pointed to an enormous bar graph beside the podium comparing the 320,000 deaths caused annually by tobacco products with the much smaller numbers of deaths caused each year by alcohol and illicit drugs.

"I don't think there's any way you could consider the problem that we have as trivial," he said.

Evidence that nicotine is addictive comes from studies of the drug's biological effects upon the brain and other parts of the body and from research on behavior patterns associated with tobacco use and withdrawal, the report says.

According to the report, nicotine acts on specific receptors in the brain and other parts of the nervous system. It also relaxes skeletal muscles and affects the heart, blood vessels and hormonal system.

Like those addicted to heroin or cocaine, nicotine addicts use the drug compulsively, develop tolerance to it and suffer physical withdrawal symptoms when they try to quit, the report said. Although many smokers, like many drug addicts, quit on their own, they also show relapse rates similar to those seen in addicts who withdraw from illicit drugs, Koop said.

Among factors that make nicotine addictive are its mood-altering, stress-reducing properties. The report said smokers perform better on some cognitive tasks after smoking a cigarette.

The drug also apparently helps to suppress appetite. Smokers, on average, weigh about seven pounds less than non-smokers and often gain weight when they quit, the report said.

Asked whether his report would antagonize smokers, Koop said, "I think it would mean, in general, more sympathy for the person who can't quit."

Anti-smoking activists said the report would help former smokers suing tobacco companies because they suffered damage to their health.

Lawyers for tobacco companies in such suits "depend almost entirely on portraying the smoker as having freedom of choice," said Matthew Myers, staff director of the Coalition on Smoking or Health. "Addiction throws that out completely."

Rep. Henry A. Waxman (D., Calif.), chairman of a House health subcommittee, told reporters, "The cigarette industry is a multibillion-dollar drug empire."

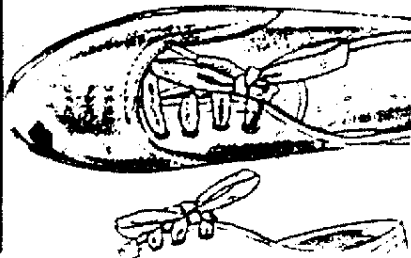
Waxman and other members of Congress urged action on several measures, including bills granting the Food and Drug Administration regulatory authority over tobacco products, banning all tobacco advertising, raising the cigarette excise tax and restricting sales to minors.

s trash  
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warrant

he incensed to discover... whether a neighbor... or a detective — scrutinized... sealed trash containers to... detail of our personal

attempting to show that... no expectation of privacy in... recalled the 1975 seizure of... Secretary of State... trash by a re... publication who... about his findings... Brennan countered that "the... response roundly condemn... reporter" showed that soci... ized the incident as an... invasion of privacy... action yesterday, the court... use steps

not in a letter that the



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BEST IMAGE

# Ban on tobacco unlikely in wake of study, surgeon general says

WASHINGTON (AP) — The surgeon general declared today that nicotine is addictive like heroin and cocaine, but he admitted that it was unlikely his findings would lead to a prohibition of tobacco use in the United States.

The significance of the report by C. Everett Koop is not that it unveils new scientific evidence, but that he organized existing research into a systematic presentation, lumping nicotine with heroin and cocaine as physiologically addictive substances.

"Careful examination of the data makes it clear that cigarettes and other forms of tobacco are addicting," Koop wrote in the report. "An extensive body of research has shown that nicotine, the drug in tobacco that causes addiction."

"Moreover, the process that determines tobacco addiction is similar to those that determine addiction to drugs such as heroin and cocaine."

Although his report places nicotine in essentially the same medical category as those two illicit drugs, Koop noted that tobacco has a "loved place" in the United States and is not likely to be banned.

"I don't think we are every going to get to a point in our society where

we can bring about prohibition of tobacco," he said. "I don't think this would be a practical solution. I think we learned this during the prohibition on alcohol."

He said steps should be taken to "protect children" from being exposed to nicotine, noting that 43 states already have laws, albeit "poorly enforced," against the sale of cigarettes to minors.

"I think we need a license to sell tobacco just the way we require one to sell alcohol," said Koop.

Asked later where he would set the age on banning sales to young people, the surgeon general noted that different states set different ages for such things as driving and buying alcohol and said that practice probably would continue with strict or anti-tobacco laws.

"I would set it at about 71," added the 71-year-old physician.

The report says nicotine can be addictive no matter how it enters the body, noting that the so-called smokeless tobacco enters the blood stream through absorption in the mouth and that pipe and cigar smokers who do not inhale smoke harm themselves to the same kind of absorption.

Reaction to the report and predictions

his report and the surgeon general

eral's findings should compel federal and state authorities to treat tobacco as the addictive drug that it is," said Dr. Alan R. Nelson, chairman of the board of trustees of the American Medical Association.

Nelson said federal and state authorities should raise the age of those allowed to purchase cigarettes to 21, ban the access of tobacco products through vending machines, label tobacco products as addictive, ban the advertising of tobacco products and regulate the development of new nicotine products.

In a statement today, the Tobacco Institute said, "Smoking is truly a personal choice which can be stopped if and when a person decides to do so. The surgeon general's own Public Health Service figures indicate that about 40 million Americans are former smokers and that 99 percent of them quit smoking without help. These figures, and common sense, contradict any claim that smoking is an addiction."

## Robertson suspends campaign

VIRGINIA BEACH, Va. (AP) — Pat Robertson suspended his Republican presidential campaign today with a bow toward George Bush's "magnificent effort," said he would immediately return to the helm of his financially troubled religious broadcasting network.

Two months after his super Tuesday primaries ground to a halt, Robertson's "invisible army" of fervent supporters, through television evangelist, formally took himself out of the GOP presidential race.

"Today I suspend my candidacy for the Republican nomination in 1988 but I do not acknowledge I ever suspend my advocacy of conservative and moral principles," Robertson said in front of his Georgian-style mansion. "George Bush has won the nomination. I applaud his magnificent effort and warmly endorse his candidacy."

Robertson said he filed incorporation papers today for a new political action committee called "Americans for the Republic," a group that he said would be "a rallying point for future political action."

Robertson also said he would return to the Christian Broadcasting Network he founded two decades ago.

## Corrections Amplifications

(If you have a correction or amplification, please contact the reader representative at 363-1901.)

### The Pittsburgh Press

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2 MILLION  
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WE INVITE**

51973 1881

In a letter, Justice Department spokesman Terry Eastland said he had been relieved of his duties Friday and that he had defended Meese "to the best of my ability" while "exercising good judgment and acting in a manner consistent with the obligations of this office."

"You have concluded that my efforts have not sufficed," Eastland wrote the attorney general, who had appointed him public affairs director in April 1985.

In explaining Eastland's dismissal, Meese told reporters, "Basically, I decided this was a good time for a change in leadership. This was a matter basically of my determination that for the rest of the year we could use some new leadership."



Terry Eastland  
"Difficult" to defend Meese

Independent counsel James McKay is expected to issue a report raising numerous questions about Meese's ethical behavior, sources familiar with the probe have said, and "someone like me could not be indifferent to what

criminal probe was hurting the Justice Department.

Meese has been the focus of a criminal investigation by independent counsel James McKay launched on May 11, 1987 into the attorney general's ties to scandal-plagued Westech Corp. and his involvement with a \$1 billion Iraqi oil pipeline.

Three hours after Eastland publicly released the letter to Meese, the associate head of the public affairs office, William Schambra, quit as head of the unit that prepares speeches for the attorney general.

"I am... perplexed and deeply disturbed by the attorney general's decision," Schambra said in a resignation letter to Eastland. "This department simply could not have asked for more conscientious and effective a spokesman... It is simply astonishing to me that this formed the grounds for your dismissal."

— Pat. May 17, 1988 p. A3:1-2

## New warnings on cigarettes urged

From staff and wire reports

WASHINGTON — Surgeon General C. Everett Koop's declaration yesterday that nicotine is addictive like heroin and cocaine prompted quick action to require new warnings on cigarette packs.

It also drew a ground swell of support from health and anti-smoking groups and a firestorm of protest from the tobacco industry.

Eugene R. DeMatt, president of the American Lung Association of Central Pennsylvania, said Koop's report "points to an urgent need to protect children and teenagers from becoming addicted to nicotine. Statistics show more than 100,000 deaths are caused by cigarette smoking each year."

DeMatt quoted national statistics showing that 60 percent of all regular smokers try the first cigarettes by age 19 and that more than 90 percent of all smokers are hooked by age 19.

Koop, at the start of a 618-page report that was no surprise to researchers, said, "Careful examination of the data makes it clear that cigarettes and other forms of tobacco are addictive. An extensive body of research has shown nicotine is the drug in tobacco that causes addiction."

"Moreover, the processes that determine tobacco addiction are similar to those that determine addiction to drugs such as heroin and cocaine," Koop wrote.

Those three sentences tacitly acknowledged that the report was based more on a review of existing research rather than on new scientific findings.

"What I think we have to do and understand is to put it in its political context," said Reggie Lester, a spokesman for the Tobacco Growers Information Committee in North Carolina, the state that produces 67 percent of the U.S. tobacco crop.

"This is not a scientific report," he said. "All this is a compilation of recent literature."

## Privacy doesn't extend to trash, court decides

Associated Press

WASHINGTON — The Supreme Court ruled yesterday that the privacy rights Americans enjoy do not extend to discarded garbage, allowing police to search trash without a warrant.

"It is common knowledge that plastic garbage bags left on or at the side of a public street are readily accessible to animals, children, scavengers, snoops and other members of the public," said Justice Byron R. White for the court in a 6-2 ruling.

"The police cannot reasonably be expected to avert their eyes from evidence of criminal activity that could have been observed by any member of the public," he said.

The ruling reinstated charges against a California man and a female companion accused of possessing drugs for purpose of selling them. Police discovered evidence of narcotics in garbage outside the man's Laguna Beach home.

In a busy day after a two-week recess, the court also:

— Let stand a ruling in a case from New Jersey that pregnant prison inmates have the right to free abortions if they cannot afford them.

Ronald W. Felton, who sold surveillance equipment to Soviet agents.

— Agreed to hear appeals by 13 major companies who say they are being forced unfairly to pay tens of millions of dollars in taxes to New Jersey. The court's ruling, expected in 1989, will be significant for state treasuries.

— Ruled unanimously that the Federal Communications Commission has exclusive authority to regulate the technical quality of cable television signals. The court refused to let state and local officials impose more stringent requirements.

In the garbage case, White said people do not have a "reasonable expectation of privacy" when they place even sealed, opaque plastic trash bags at curbside.

The ruling, however, does not condone warrantless police searches of garbage left on private property in close proximity to the home.

The Constitution's Fourth Amendment, which generally requires police to get court search warrants, does not cover instances when there is no legitimate expectation of privacy, White said.

"Even the refuge of prominent

## If You're Losing The Tax Deduct Interest, Here's The Smart Way



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them get out or at least let some of the smoke out," he said. "I hustled windows hoping they could get out, but I don't guess they could."

"When I jumped off the bus, I saw him (Hardisty) carrying somebody and laid them down, and ran back up and was trying to get some more people," said 17-year-old Juan Nieto.

"He ripped off my shirt, and he used it for bandages. ... He put ice on people. He was like a doctor," Jason Booher, 13, credited Hardisty with "saving a lot." Hardisty pushed burning victims from the bus and Booher said he then rolled them in grass.

Nieto said Hardisty and Allen Tenison, 15-year-old son of the distraught relatives chocking denial and medical records arrived here Sunday to help identify the dead. Many came in a bus donated by Fort

that room is not what they have in their memories or walls," he said. Nichols said 19 females and eight males were killed. Preliminary examinations of 22 bodies indicated that smoke inhalation was the cause of death, he said. He expected to finish the examinations today.

The victims apparently died trying to flee, and the body of the driver was found near the steering wheel with a fatal injury to the head, Nichols said. A coroner's office is expected to finish the other bodies were rolled toward the back of the bus.

As word of the accident spread, distraught relatives chocking denial and medical records arrived here Sunday to help identify the dead. Many came in a bus donated by Fort

— EDT May 16, 1988 p.1A:1-6

# Surgeon general says nicotine is highly addictive like heroin, cocaine

By JERRY ESTILL  
Of the Associated Press

WASHINGTON — The surgeon general declared today that nicotine is as addictive as heroin and cocaine, a finding that came as no surprise to researchers but which will provide new ammunition for anti-smoking forces.

The significance of the report by C. Everett Koop is not that it unveils new scientific evidence, but that he organized existing research into a systematic presentation lumping nicotine with heroin and cocaine as physiologically addictive substances.

"Careful examination of the data shows it clear that cigarettes and other forms of tobacco are addictive," Koop wrote in a preface. "An extensive body of research has shown that nicotine is the drug in tobacco that causes addiction."

"Moreover, the processes that determine tobacco addiction are similar to those that determine addiction to drugs such as heroin and cocaine."

The report cites 171 separate studies, most of them conducted during the past decade, as references.

In a letter to Congress accompanying the report, Health and Human Services Secretary Otis R. Bowen said, "A warning label on the addictive nature of tobacco use should be related with other health warnings now required on cigarette and smokeless tobacco packages and advertisements."

Bowen said cigarette smoking is "the chief avoidable cause of premature death in this country," causing more than 300,000 such deaths each year.

"The disease impact of smoking

justifies placing the problem of tobacco use at the top of the public health agenda," Bowen wrote. "The conclusions of this report provide another compelling reason for strengthening our efforts to reduce tobacco use in our society."

In his opening remarks, Koop also called for an addiction warning on cigarette labels and advertising and said, "Treatment of tobacco addiction should be more widely available and should be considered at least as favorably by third-party payers as treatment of alcoholism and illicit drug addiction."

Koop handled some other controversial ideas as questions:

"With the evidence that tobacco is addictive, is it appropriate for tobacco products to be sold through vending machines, which are easily accessible to children?"

"Is it appropriate for free samples

of tobacco products to be sent through the mail or distributed on public property, where verification of age is difficult if not impossible? Should the sale of tobacco be treated less seriously than the sale of alcoholic beverages, for which a specific license is required?"

In the face of overwhelming evidence that tobacco is addictive, physicians should address these questions without delay," Koop said. Reaction was swift and predictable.

The American Academy of Family Physicians was ready with a prepared statement saying the Koop finding "confirms what many smokers and former smokers have very well — stopping smoking is a hard thing to do."

Although details of the report were not made public until today, one of the many federal health offi-

cials who helped prepare it disclosed the essential finding — that nicotine is addictive — in a television interview earlier this month.

A Tobacco Institute spokesman reacted to the disclosure by Howard M. Davis, director of the Federal Office of Smoking and Health, by saying it showed "anti-tobacco zeal has overtaken common sense and good judgment."

Walker Merryman, the tobacco industry official, added, "To imply that the 55 million American tobacco smokers are drug abusers is to subvert and divert attention from the nation's war on illicit drugs. It is a trivialization of the country's urgent concerns with hard drugs and verges on irresponsibility."

Koop's last smoking report concluded — again based on a compila-

tioned by inhaling smoke from other people's cigarettes.

Issued just over a year ago, that report has revitalized anti-tobacco society, providing impetus for a growing movement toward smoke-free environments in the workplace, restaurants and public buildings. The latest example: the federal ban on smoking aboard commercial jetliners for flights of two hours or less.

Just as it was impossible to predict the impact of Koop's last smoking report, experts are not sure where the newest one will lead. But anti-smoking forces are elated.

Abner Loebenstein, president of a group called Citizens Against Tobacco Smoke, said the report should spur new warnings on cigarettes, further restrictions on tobacco advertising and a ban on cigarette vending machines.

## INSIDE TODAY'S TIMES

Ann Landers / 8A  
Cruelty / 3-4B  
Comics / 10B  
Death Notices / 3-4B  
Editorial / 8A

Puzzles / 12B  
Sports / 1-10B  
Theater / 4A  
TV / 11B

BELSKO, John (Bushels)  
DINGES, Ruth E. (Mariner)  
EDENBAUGH, Male Dorothy  
FITZGERALD, Gerald J.  
OFFORD, Elise Gray

## DEATH NOTICES

McDARMONT, Maurine Elmore  
MITCHELL, Fenton S.  
MODICA, Celia Jeanne  
REEDER, Ann G.  
ROBACKER, Mela C.

ROMANOWICZ, Joan R. (Ruth)  
STUTZMAN, Theodore R.  
VEIT, Viola M.

BEST IMAGE

51973 1883





A bronchoscopic examination helps to determine the possibility of cancer of the lung. The patient will also probably have other tests before diagnosis is made.



A one-stage pneumectomy—the removal of an entire lung—performed at New England Deaconess Hospital, in Boston.

# Can We Check the Rising Toll of Lung Cancer?

By STEPHEN M. SPENCER

Lung-cancer deaths among men have doubled in the last fifteen years. What are the reasons for this alarming increase? What hope do the doctors offer to those afflicted?

**A**LTHOUGH is usually regarded as a trivial thing, annoying to the cougher and to concert audiences, perhaps, but nothing to get worried about. Sometimes, however, a cough can mean real trouble knocking at the door of your chest, and you'd better answer the knock with action.

Frederick Ricci, a compact, middle-aged restaurateur in North Providence, Rhode Island, is alive and greeting his customers today only because he did something about his cough. He, too, thought at first it was only the lingering echo of a cold. But one night he coughed up a bit of blood. That startled him. He telephoned his cousin, a physician, who came over, prescribed medicine to ease his throat and said he'd be back next morning.

By that time the cough had disappeared completely, and Mr. Ricci felt fine. But the doctor had not forgotten the warning sign. "Where there is smoke there is fire," he said. "You'd better go to a hospital, Fred, and have a thorough checkup."

A few weeks later, after X rays, bronchoscopic examinations, blood tests and more X rays, a Boston chest surgeon removed Frederick Ricci's left lung. It contained a cancer. That was more than six years ago, and since then the genial little restaurateur has

been doing very well on his reduced volume of ventilating equipment.

He is one of several hundred individuals in this country who can comfort themselves with the thought that half a lung is better than no breath at all—which would have been their almost certain fate had not the cancerous organ been removed. And thousands more will be given the chance to make the same choice, a little shortness of breath instead of a grim shortening of life, once the full story of lung cancer becomes more widely known.

Reaching these thousands with the right part of the story, the bright and encouraging part, singling them out with every available diagnostic aid and rushing them into the operating rooms of qualified chest surgeons while there is still hope—this is one of the most urgent tasks now facing the medical profession. For cancer of the lung is today one of the commonest of all cancers. As a killer of men—in whom it appears at least five times more frequently than in women—it stands near the top of the cancer column. The American Cancer Society, citing nationwide figures for 1948, the last year for which such detailed statistics are available, shows that among the 88,801 men who died that year from cancer, the malignancy was in the stomach in 18,964, in

the prostate in 10,616, in the intestine in 8,929, the lung or bronchus in 8,877. Thus, pulmonary cancer, with an annual mortality of 14 per 100,000 of the male population, was practically even with testicular cancer—14.1 deaths per 100,000 males—the third most destructive malignancy in the country. As a cause of death, the combined totals of the two on the list: cancer of the rectum and sigmoid, the liver and bile passages. It is most prevalent among men over forty-five.

What is even more disturbing is that our records indicate lung cancer is increasing far more rapidly than is any other form of cancer. In the male half of the population the rate of lung-cancer deaths has doubled in the fifteen years and it is now more than five times as high as it was thirty-five years ago. Some statisticians say this rising curve only reflects a diagnosis and more thorough autopsies, and suggest that in the past many deaths were due to tuberculosis which were actually lung cancer. Equally eminent medical men refuse to accept this explanation and insist that the increase is in any event, no one questions the present magnitude and seriousness of the problem.

On the assumption that the increase in lung cancer is due to the increase in the number of people being caught in possible producing elements floating around in our highly industrialized, motorized and radio-activated environment. And several investigators believe there is more than a chance relationship in the upswing of cigarette smoking and lung cancer. It has taken place since World War I. Whether it is cause or coincidence still remains to be seen. Obviously, if one or more environmental factors be nailed down as contributing causes of lung cancer, the way will be opened for a preventive attack on the problem.

Meanwhile, the main emphasis must be on early diagnosis. And one of the first obstacles to this is the attitude of despair on the part of many patients and physicians. Such an outlook is not helpful. One has only to review the history of cancer. It makes some of the most dismal chapters in the whole book. In the first place, a tumor in the lung is an unbelievably silent invader. Early growth may cause less commotion than the warning symptom of cough, bloody sputum, or weight loss, does not always appear as soon as in Frederick Ricci's case. And even when a





entire lung removed. Gibson, above, is still active despite the removal of his lung. He sawed wood two weeks after the operation.



A close postoperative check is kept by Doctor Richard H. Overholt on his lung patients. The earlier lung cancer is treated, the greater the patient's hope of recovery.

...in 1929 and pulmonary cancer was of purely... even with 1,000 mal... in men... almost equal... of the... and cancer... prevalent...

...that mortal... creasing its... form of... non the... bled in the... an five... Some... reflects... spales, and... his were... cancer. O... se to accep... rease is re... esent magn...

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Doctor Overholt added, "Therefore physicians have the tools with which to find, label and successfully treat cancer in this location."

Behind those words, "feasible, relatively safe and effective," as applied to removal of a lung, lies a history of early failures, heartbreaks and eventual triumph in an area long regarded as surgically forbidden ground. Opening up the chest was usually an emergency maneuver carried out to reach a wounded heart or lung. The first removal of part of a lung as a treatment for tuberculosis was performed in Germany in 1881, but the surgeon was so stricken with remorse when his patient, a woman relative, died that he committed suicide.

As late as the 1920's, which saw great improvements in thoracic surgery, most lung operations were limited to taking out one lobe. As the right lung has three lobes and the left two, this wasn't always enough. Often the cancer had spread to adjacent lobes, visibly or invisibly. Nor did X-ray treatments cure lung cancer. Radium needles placed in the lung tissue also failed.

The chest surgeons set as their goal, therefore, the removal of the entire lung on the involved side. Sporadic efforts in this direction were made both here and abroad. One of the strangest procedures, tried in 1931 by a German doctor and in 1932 by a surgeon in Michigan, was to tie a cord around the root of the lung and let it shrivel away. This was done for infectious conditions and not for cancer, however. And it was not generally accepted as a satisfactory method.

Then came the year 1933. For chest surgery it marked the beginning of a new and brilliant era of lifesaving. In that year, three American surgeons, working independently and in different parts of the country, first succeeded in checking lung cancer by taking out an entire lung—a one-stage pneumectomy, as the operation was called. In St. Louis, on April fifth, Dr. Evars A. Graham performed the operation on a fellow member of the medical profession, an obstetrician who lives in Pittsburgh. In Baltimore, Dr. William F. Rienhoff, Jr., operated, on July twenty-fourth, on a girl of three and a half, and on November third on a young woman of twenty-four. In Boston, Doctor Overholt's first pneumectomy patient was a housewife from New Hampshire. The operation took place on November second.

PHOTOGRAPHY BY GUS PASQUARELLA

All four of these patients were completely cured, and three are alive and healthy and active today, more than sixteen years later. The obstetrician, now sixty-five, finds the absence of one lung no handicap in delivering strong-lunged Pittsburgh infants, and he has one of the largest practices in the city. The young Baltimore woman has married and given birth to two children since her operation. Doctor Overholt's patient, the woman from New Hampshire, returned to take care of her home and her family, and is now a proud grandmother. The child whom Doctor Rienhoff operated upon recovered, but she was drowned five years later while swimming in the Monongahela River near her home in West Virginia.

As the first to perform and report the operation, Doctor Graham is given priority in this surgical triumph. He is professor of surgery at Washington University School of Medicine, St. Louis, and at sixty-seven is dean of American chest surgeons. Tall, strongly built, plain-speaking and with a lively sense of humor, Doctor Graham is quick to point out that good luck and an exceptionally good patient contributed much to the happy outcome of the first pneumectomy. The patient, Doctor J., came to St. Louis in February, 1933—he was then forty-eight—with a history of seven months of coughing attacks, fever, and weight loss, and with X-ray pictures revealing a fan-shaped shadow in the left lung. Doctor Graham confirmed a suspected diagnosis of cancer and gave Doctor J. the bad news.

Doctor J. took it with professional calm. "All right," he said, "What do we do next?" "I'm afraid," Doctor Graham replied, "that the upper left lobe ought to come out." (The decision to remove the whole lung was not made until later, but a lobectomy was a serious enough operation.)

"You're the doctor in this case," Doctor J. said. "If you think that's what ought to be done, I guess we'd better get on with it. But I'd like to go back home to Pittsburgh to attend to a few things first." Doctor Graham, in relating this incident, not admiringly that his doctor patient was "not only stoic, he was also an optimist—while at home he went to his dentist and had several cavities in his teeth filled."

Doctor J. grinned when I recently repeated this remark to him. "Doctor Graham doesn't tell the whole story," he said, "After I got my teeth filled I bedged my bet by going out to the cemetery and buying a lot."

(Continued on Page 131)

BEST IMAGE

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By BILL DAVIDSON

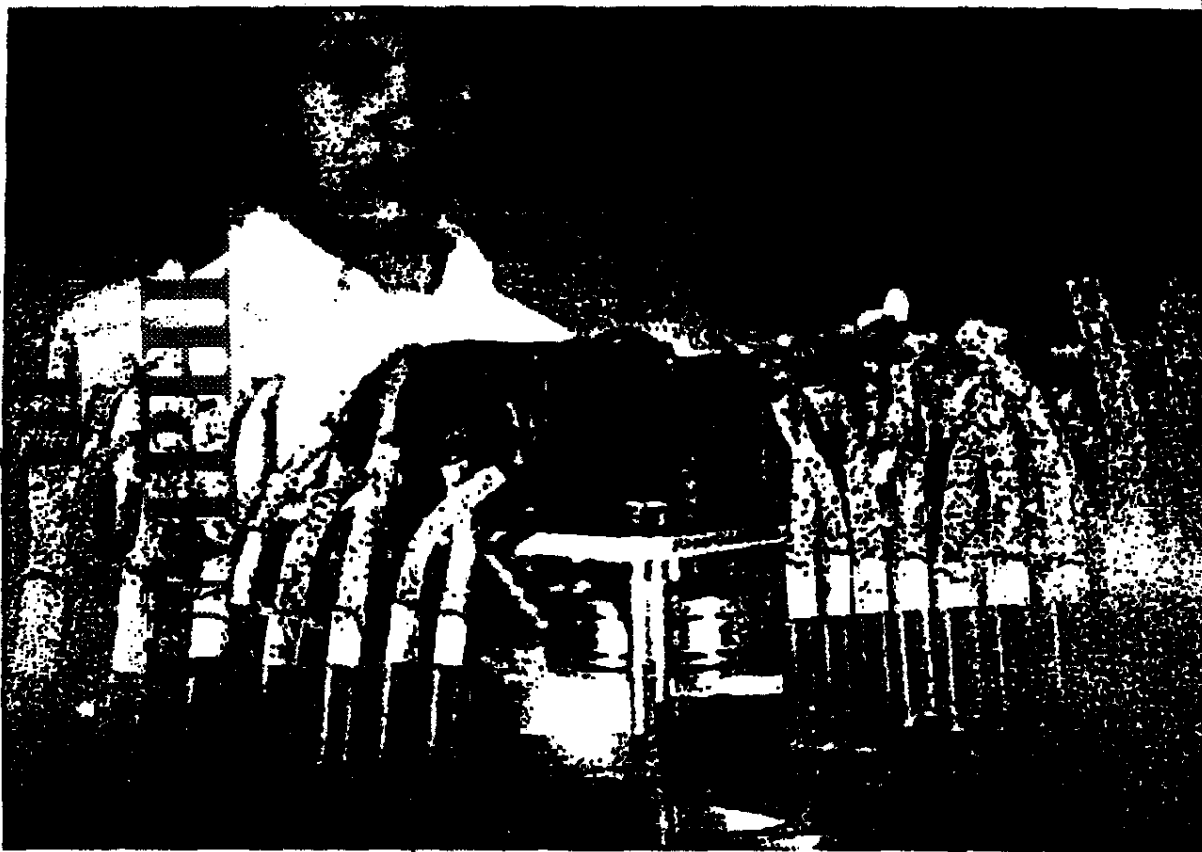
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THE SATURDAY  
EVENING  
**POST**  
FOUNDED BY  
*Richard D. Webb*

NEW HOPE  
FOR CIGARETTE  
SMOKERS:

# CRASH EFFORT FOR A SAFER CIGARETTE

produced by RJR



To collect tobacco-smoke components for analysis, the P. Lorillard Co. uses a machine which busily puffs 100 cigarettes at a time.

In the American tobacco industry, January 11, 1964, is now known as The Day the Bomb Dropped. The bomb, of course, was the long-awaited report of Surgeon General Luther L. Terry's Advisory Committee on Smoking and Health. Terry dropped it in a press conference which many industry leaders watched on the monitors of TV networks taping the event.

One of the men on ground zero in New York that morning was Dan Provost, a publicity executive of the Liggett & Myers Tobacco Co. Waiting nervously with other officials of the firm for the broadcast to start, Provost absentmindedly wandered over to the news printer in the office. To his surprise he found that an advance story was already going out over the wire. He read the first few sentences of the dispatch and gasped. "Oh, my God!"

A few miles away, Morgan Cramer, president of the P. Lorillard tobacco company, was at a meeting of the board of governors of his golf club when an attendant rushed in and called him to the phone. Cramer listened to the same news dispatch that Provost had read and then roared. "I just can't believe it. Have

somebody in Washington fly up to New York with copies of the report immediately. I'm on my way in to the office right now."

At about the same time, the phone began ringing in the home of W. C. ("Mutt") Burton in Reidsville, N.C., a community whose economy depends exclusively on tobacco farming and cigarette manufacture. Burton heads the Reidsville bureau of the Greensboro (N.C.) *News and Record* and is the town's wit and philosopher. The calls were all the same: "Mutt, what does this mean? What am I going to do if I lose my job [or my farm]?" To each caller Burton said gently, "Now, don't you fret. Even if what they say is true, you know that folks aren't going to quit doing anything that's bad for them." But each time, as he hung up the phone, the sober look on his face belied the optimism in his voice. Burton was worried, and he was shocked.

Like everyone connected with the tobacco industry—farmer, factory worker or executive—he had expected the surgeon general's report to condemn cigarette smoking. But no one had expected that condemnation to be couched in such relentless,

51973 1888

## "THE INDUSTRY WILL NEVER BE THE SAME AGAIN."



Dr. Ernest Wynder of the Sloan-Kettering Institute is working on a new filter idea.

### Sales of Cigarettes

unofficial terms. Previous official statements on smoking had always begged a bit of leeway for the tobacco industry to blame the rising incidence of lung cancer on something else, like air pollution. In 1971, for example, Leroy E. Barry, then surgeon general, wrote that "The weight of the evidence is increasingly pointing in one direction: That excessive smoking is one of the causative factors in lung cancer."

The January 11 report missed no words. It stated without qualification that cigarette smoking is the principal cause of lung cancer and one of the most important causes of chronic bronchitis. It asserted that male cigarette smokers have a higher death rate from coronary-artery heart disease than nonsmoking males. And it summarized its findings with the flat statement that "Cigarette smoking is a health hazard of sufficient importance in the United States to warrant appropriate remedial action."

The crisis in the tobacco industry which thus was brought on continues unabated today. It is not unlike the ordeal of the liquor industry in the period just before the Prohibition Amendment was ratified, but this time many more people are affected. Over 70 million Americans are habitual cigarette smokers. To supply them, the tobacco industry supports some 750,000 farmers, 100,000 factory workers, 4,500 wholesalers and 1.5 million retail outlets, including vending machines. The industry as a whole grows eight billion

dollars a year—seven billion from cigarettes—spends \$150 million a year to advertise its products and contributes well over \$3 billion a year in excise taxes to federal and state treasuries.

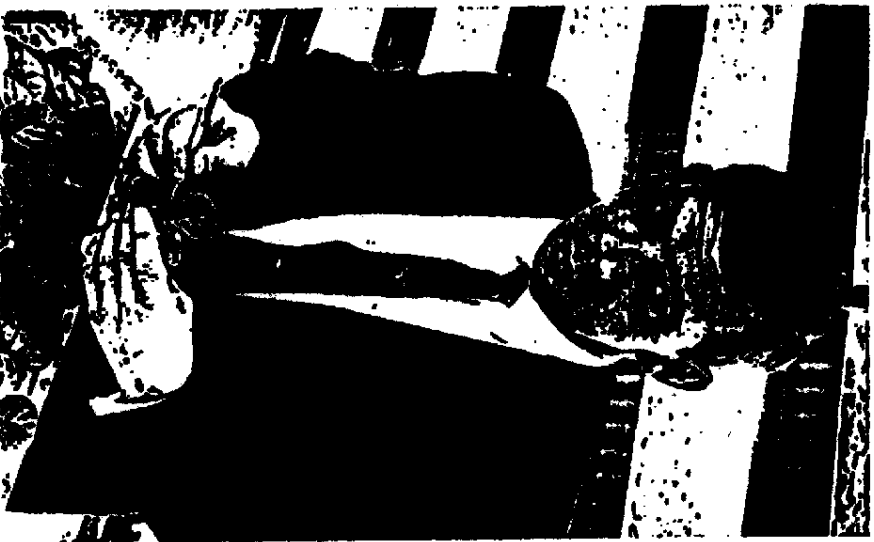
The danger signs went up quickly in the days immediately following the surgeon general's report. All over the country, many people stopped smoking completely, strove to cut down, or switched to pipes or cigars, with the result that cigarette sales dropped somewhere between 10 and 20 percent in every section of the United States. The abolition of every kind of action, much as they had in pre-Prohibition days, and those churches, which frowned on smoking as well as drinking, found themselves in a strategic partnership with such organizations as the American Cancer Society in the drive to set up anti-smoking clinics. There was genuine panic among the uneducated, some of whom even developed psychosomatic cancer symptoms, and there were at least a dozen reported cases of janitors and cleaning women who were fired for refusing even to touch cigarette butts in their daily chores.

In tobacco-manufacturing cities, such as Louisville, Ky.; Richmond, Va.; and Greensboro, Winston-Salem and Durham, N.C., apprehension concerned jobs more than health. Every one of the six major cigarette manufacturers—R. J. Reynolds, American Tobacco, Philip Morris, F. Lorillard, Liggett & Myers and Brown & Williamson—forwarded glowing testimonials, and cut back on the work week or fired workers, or both. As this is written, nearly all cigarette plants in the United States are down to a production schedule of three or four days a week instead of the normal five. As a result thousands of workers have had their pay cut as much as 40 percent.

In Greensboro, cigarette-machine operator Brown Cuda, a divorcee with two children, thought the tobacco industry would solve this problem as it had others in the past, but in the meantime things were tough. "When you're making seventy-two dollars for a forty-hour week," she said, "and then suddenly you're cut back to \$43.20 for a twenty-four-hour week, you're in trouble. But I guess I shouldn't complain. A fellow in our factory, with nine kids, was fired outright."

The tobacco farmers are less apprehensive than the cigarette-factory workers and with good reason. Tobacco has been a protected crop for 30 years, receiving government support—\$40,000,000 in 1963—as one of the six basic agricultural crops in the United States. The Department of Agriculture limits the number of acres on which tobacco can be grown. In order to prevent a glut on the market, but a government-financed corporation buys all surplus tobacco at approximately 57 cents a pound, a few cents below the market price. These twin safeguards make tobacco one of the most lucrative cash crops in the nation, bringing in about \$1,000 per acre.

Another source of protection for the tobacco farmer is political. Among the most effective blocs in Congress is the tight-knit group of senators and representatives from the two dozen tobacco-growing states, especially North Carolina, Kentucky, Virginia and Maryland. Let one finger be raised to cut the tobacco farmer's revenue, and the legislators rise in his defense—usually employing the





At P. Lorillard research laboratory in Greensboro, N.C., Drs. Clifford O. Jensen and Alex Spear light up a line of cigarettes in test smoking machine.

withhold their support from other agricultural legislation. "What do you expect me to do out of the economy of my state is based on tobacco."

Despite these powerful protections, however, the more far-sighted tobacco farmers are genuinely worried about the future. In Rockingham County, N.C., for example, Dennis Knight owns 36 acres, of which 12 are planted to tobacco. He has been letting the others lie fallow, rotating each year. Now he has started hedging his bets: On the acres not planted in tobacco he has taken up dairy farming. "Last fall," he says, "my wife and I drove up through West Virginia and saw those towns where the coal mines have closed down. It was terrible, all those people hanging on the hillsides looking for a miracle so they could make a living again. Now I have nightmares thinking it could happen here. This cancer scare could make North Carolina a run-down Tobacco Road again."

But few of the farmers in Rockingham County are as prudent as Dennis Knight, and they are the despair of Horace Hux, the dedicated young county agent for the Department of Agriculture. Hux has been pleading with them for years to protect their future with something other than tobacco. For the most part, however, they are stubbornly settling down to ride out the storm, expecting it to blow over like so many others they have weathered in the past. Until it does they are cutting back on their spending for clothes, new equipment and other non-essentials; and these economies—coupled with the layoffs and cutbacks among factory workers in the towns—have set off an economic chain reaction that seriously threatens the merchants of the region.

"We haven't been hurt so far because people have to buy food, and the stores have pennies with us," said John Apple, a supermarket executive in Reidsville, N.C., "but the little country stores in the county are really suffering." In Bull's department store a clerk said, "We deal in clothing, and with the farmers scared and the workers here cut back to four days' work instead of five, they have much money left over for clothing after they've bought food. Let's hope they get back to normal soon. Heaven help the nation if it doesn't." Among the hardest hit are the local appliance stores. "We've had a drastic drop in applications to buy things on time," said Clay Murray, executive secretary of the Reidsville Merchants Bureau and head of the town's credit and collection agency. "And we're having a lot of trouble collecting bills for doctors and dentists. I really don't think people are hurting too much yet—but they sure are apprehensive."

#### "We licked James I"

In the cigarette companies themselves, attitudes range from defiant bravado to genuine concern for the public welfare. "We licked an English king, James I, when he attacked the use of tobacco in 1604," said one executive, "and I think we can lick the United States Government today." But 99 percent of the industry's top brass are willing to cooperate with the Government and with medical authorities. Most officials agree with the man who said, "I'm still not convinced by the surgeon general's report that cigarettes are the cause of lung cancer and other diseases. The report is filled with discrepancies and unanswered questions. But I'm willing to do everything in my

power and to spend every cent we possibly can for research to produce what the Government and the doctors will consider a safer cigarette."

Although all six of the big companies have had research programs under way for some time in their own well-staffed and well-equipped laboratories, there was a period of confused vacillation before the attitude of many officials hardened into the present concentration on the search for a safer cigarette. In the first dark days after release of the surgeon general's report on January 11, scientists friendly to the industry made the usual rebuttals, pointing out that the Government's report involved no new research but was merely a compilation of old reports, and claiming that there is just as much evidence against air pollution as there is against cigarettes as a cause of lung cancer. There were even a few isolated appeals to prejudice, such as the statement by a South Carolina legislator that all the scientists and doctors on the surgeon general's committee are Northerners and that the report "is just another Yankee attempt to subdue the South."

Next came a period when the industry waited hopefully for the furor to die down, confident that the public would soon forget about the report and resume its normal buying of cigarettes—as the British public had done a few weeks after the shock of a similar report by the Royal College of Physicians in 1962. But the weeks went by and sales in the United States generally continued to drop—in some places as much as 30 percent—right on into spring, although some states reported signs of a slight comeback in March. Moreover, public attacks on the industry continued. In Congress, Sen. John J. Williams of Delaware introduced

an amendment to kill the Government's tobacco price-support program on the grounds that another arm of government, the surgeon general's office, had condemned tobacco as injurious to health. Tobacco-bloc senators beat back this attack, but others popped up in state legislatures and city councils. A Committee of the New York State Senate, for example, charged cigarettes with causing "mass murder" and called for "a declaration of war against cigarettes."

Most serious of all for the industry, the Federal Trade Commission proposed a government ruling that every cigarette package be required to carry a printed warning such as: CAUTION: CIGARETTE SMOKING IS DANGEROUS TO HEALTH. IT MAY CAUSE DEATH FROM CANCER AND OTHER DISEASES. The FTC held hearings on the proposal in March and then began deliberations which are still in progress. All these developments have made the tobacco industry acutely unhappy.

Yet out of all the gloom and despair there have emerged some solid reasons for hope. U.S. Sen. John Sherman Cooper of Kentucky turned up the first. Reading the surgeon general's report, he began to wonder if it were not based largely on studies of the old-fashioned nonfilter cigarette, since there had not really been time to compile statistics on death rates among smokers of filter tips, which have only recently come into widespread use. On January 13, just two days after the release of the report, Senator Cooper wrote to the surgeon general, asking, "Is it not correct that the advisory committee made no judgment as to the effect of adding filters to cigarettes?" The following day, January 14, Surgeon General Terry answered Senator Cooper's questions in a letter that was released





T. S. Butler, North Carolina tobacco farmer, carries cured tobacco from his 100-year-old curing barn.

## MOST TOBACCO FARMERS EXPECT THE PRESENT CRISIS TO BLOW OVER.

### Safer Cigarettes

to the press but is generally overlooked in the hubbub surrounding the report itself. He wrote that "it is erroneous to conclude that cigarette filters have no effect," adding that filters in common use do remove a variable portion of the tars and nicotine. "But," he said, "the committee felt that the development of better filters or more selective filters is a promising avenue for future development."

The next ray of hope for the tobacco industry came from a totally unexpected source—from Dr. Ernest L. Wynder of the Sloan-Kettering Institute for Cancer Research, a name who had been known for years as one of the most implacable foes of cigarette smoking. It was Doctor Wynder who had helped precipitate the first big cancer scare in the early 1950's when he revealed he had produced thousands of cancerous mice by painting the animals with concentrates from cigarette smoke. Since then he had made study after study with laboratory animals, all designed to prove the virulence of the cigarette. Citing all his evidence, he had become one of the world's most articulate critics of smoking. On January 24, however, Doctor Wynder made a statement—which also was lost in the turmoil surrounding the surgeon general's report—in which he said that the development of less harmful cigarettes was entirely possible. "Some elements in the tobacco industry have already made good progress in developing safer cigarettes," he added.

A third major boost to the industry came on January 31, when the American Medical Association announced that it was taking up where the surgeon general's

report left off. "Our purpose," the A.M.A. said, "is to find what in the tobacco is harmful, the mechanism of injury and what can be done to remove it." The tobacco people, jubilant at this indication that the A.M.A. felt something could be done, contributed \$10 million to the research project.

Perhaps the most important note of hope was found in, of all places, the surgeon general's report itself. The report had made it clear that the removal of tars and nicotine from cigarettes was not enough. It explained that there are gases in cigarette smoke, such as hydrogen cyanide and acetaldehyde, that cripple the body's own cleansing mechanism in the respiratory tract, thus allowing cancer-causing substances to lodge in the bronchial tissue instead of being carried away. For this cleansing, the body relies on millions of little hairlike protuberances in the respiratory tract, called cilia, which beat back and forth like oars in an ancient slave galley. The rhythmic beat of the cilia moves the mucus upward, carrying with it all debris from the lungs, until both mucus and debris can be swallowed harmlessly or spat out. Cigarette smoking is known to slow down the beat of the cilia and even to eliminate many of them altogether. But, said the surgeon general's report, scientists have recently opened an important line of investigation concerning the gases that inhibit or destroy the cilia. In what probably is its only positive finding, the report states, "It has been reported that a filter containing special carbon granules removed gaseous constituents which depress ciliary activity."

This one cheerful little sentence has touched off what promises to be the big-

gest and most expensive marketing war in cigarette history, a war that is already being labeled The Great Charcoal Derby. First out of the starting gate was Liggett & Myers with its new Lark cigarettes. The company began its research into cilia inhibition several years ago when it engaged the noted pharmacologist, Dr. Charles J. Kensler of the Arthur D. Little research organization in Cambridge, Mass. As a result, the Lark—with an activated charcoal-granule filter sandwiched between two conventional filters—was already on the market when the surgeon general's report was released.

### Charcoal success story

Lark took off in sales like nothing the industry had seen in many years. Within a few weeks of the report's release, it zoomed from nowhere to a place among the top-selling cigarettes. In some areas, it was the No. 1 cigarette in February and March. It is one of the few brands that have run counter to the generally downward sales trend since the surgeon general's report. Another is the American Tobacco Company's new Carlton, which features low tar and nicotine content and which works on a different principle, removing most of the smoke with air holes in the paper and then using specially treated charcoal not so much to take out gases as to add aromatic flavor.

Liggett & Myers, like all the other cigarette companies, is prohibited by a 1940 Federal Trade Commission ruling from making any health claims for its products, but it had a lucky break with the Lark. Dr. Louis F. Fieser, one of the 10 scientists on the surgeon general's advisory committee and a professor of chemistry

at Harvard, was interviewed on January 21 by *The Harvard Crimson*, the university's student paper. Doctor Fieser was asked what he smoked. "Larks," he said, and added that, "this filter represents a definite encouraging advance." Thousands of reprints of the college-paper interview thereupon appeared all over the country—and Lark was on its way. It will not have the field to itself for very long, however. P. Lorillard's new York Filters, Brown & Williamson's new Avalon, and the new Multifilter Philip Morris—all with activated charcoal-granule filters and each claiming additional features which supposedly make it superior to the Lark—have been test-marketed and are ready to enter the Charcoal Derby.

But is charcoal the real answer to the industry's problem? Even Doctor Kensler, the scientific father of the Lark, does not think so. "It's just a start," he says. "The encouraging thing is that we proved that the gases are harmful and that we found a way of selectively pulling them out of the smoke, instead of just removing part of the whole smoke, which is what the purely mechanical fiber filter does. The next step is to find other harmful components and selectively remove them with other filtering materials. We may end up with five or six different filters on a cigarette."

Dr. Ernest Wynder goes even further in his predictions. "I still think the best thing is not to smoke at all," he says, "but since most people are going to continue the habit, we must come up with a safer cigarette, which I'm convinced we can do. The less harmful cigarette will be designed with a multiple approach. We can use strains of tobacco that have less hazardous substances in them, we can use less hazardous methods of curing tobacco, we can use finer cuts of tobacco for more complete combustion, we can find better mechanical filters to remove particles, and we can add as many filters as necessary for selective removal of gases and other dangerous materials."

Doctor Wynder himself is experimenting with a new filter that is based on his theory that the Turkish water pipe is the safest way to smoke, because so many potentially dangerous substances dissolve in the water as they bubble through. He traps droplets of water with glycerine in a fiber filter, which thus remains moist and effectively takes out such smoke components as acids, aldehydes and phenols. A major chemical company is adapting Wynder's filter for commercial development, and it is not unlikely that the 1965-model cigarettes will have water filters added to the charcoal and others.

With all this encouragement from unexpected sources, the tobacco industry is finally recovering from its January 11 shock. No longer disposed to deny or debate the cancer problem, it is now pinning its hopes for continued prosperity on the search for a safer cigarette. And it is getting help from government officials such as North Carolina's dynamic young Gov. Terry Sanford, who says, "We need research, research and more research. It is inconceivable to me that a nation which is planning to put a man on the moon can't identify the dangerous substances in tobacco and remove them."

Even the farmers are showing renewed optimism. "Something good will come out of all this trouble," says T. S. Butler of Rockingham County. "Now the scientists will find the cause of the health trouble and eliminate it, and we'll be able to grow something that will be safe for the public and which they'll still enjoy."

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produced by RJRTC

in

HUMPHREY

MALDEN HEALTH SERIES

# COMMUNITY HEALTH

BY

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THE HEALTH SECTION, WORLD FEDERATION  
OF EDUCATION ASSOCIATIONS

AND

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DIRECTOR OF HEALTH EDUCATION, MALDEN, MASSACHUSETTS



1929

D. C. HEATH AND COMPANY  
BOSTON                      NEW YORK                      CHICAGO  
ATLANTA                      SAN FRANCISCO                      DALLAS  
LONDON

51973 1905

## TOBACCO

Probably most of you know that tobacco is a plant. In the same family with it are the potato, the tomato, and the poisonous henbane and deadly nightshade. The harmful substance in tobacco is nicotine, which is a narcotic. Narcotics, in effect, "put part of the brain to sleep." When they are powerful enough and used in large enough doses, they produce unconsciousness. The effect of nicotine in small quantities is less extreme than the effect of many other narcotics, as, for example, alcohol and opium, but its effect is distinctly poisonous.

**Effects of smoking.** — There is a common belief that smoking interferes with athletic ability. A very interesting study of smokers and nonsmokers has been made by Professor J. Rosslyn Earp.\*

In ordinary college athletics it is difficult to learn anything about the effects of smoking. In intercollegiate sports so much emphasis is placed upon *winning* that the men are all put in training for some time before the event so that even those who ordinarily would smoke do not use tobacco at all for some time before they compete. At Antioch College a different situation is found. There the sports are looked upon only as recreation, so that training rules are not enforced.

Professor Earp made a study of two track meets, one held in 1924 and the other in 1925. The first meet was competition within the college, and the second was a

\* EARP, J. R.: *The Student Who Smokes*. Antioch Press, 1926.

# HEALTH STUDIES

BY

F. M. GREGG

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University*

AND

HUGH GRANT ROWELL

*Assistant Professor of  
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Columbia University*



produced by RJRTC

in

HUMPHREY

1932.

WORLD BOOK COMPANY

*Yonkers-on-Hudson, New York*

51973 1907

and thus shorten their lives and lower their health very definitely. Life insurance companies report that the average life is shortened as much as seven years by the use of tobacco.

Among the effects produced by the habitual use of tobacco are impaired functioning of the heart and digestive system. The lungs also suffer directly from the effects of tobacco smoke if it is inhaled. To this list could be added a longer one of the common diseases, the recovery from which is made more difficult because of the patient's use of tobacco.

What do you consider the most objectionable effect of the use of tobacco?

#### EXERCISE 37. NARCOTICS: PATENT MEDICINES

Practically all medicines, if used incorrectly or excessively, do harm or fail to help you as much as they should. When you take medicine, it should always be under the direction of a physician. Remember that very few medicines ever cure diseases directly; for the most part, they help the body in its own task of getting into a healthy condition again.

Remember, too, that a special medicine is prescribed for one illness only and for one person only. Too many people fail to recognize this fact and use medicines for purposes not intended by the doctor. It is particularly unwise to trust to the directions and comments found in patent medicine advertising or on the labels of patent medicines.

Some types of patent medicines with their narcotic

Produced by KJRIC

INDUSTRY

51973 1908



# CONSUMERS UNION

51973 1909

JULY 193

1438

★

## CIGARETTE

*A comparison of 35 brand*

*A note on filter holder.*

## SUMMER GASOLINE

*Ratings by brand & grade*

## Sunburn PREVENTIVE

*Some provide real protection*

## VACATION HAZARD

*... and how to avoid them*

## SUNGLASSES

*Test results on 30 pairs*

★

Labor Notes, News,  
& Other Features

vertising agents can put a lot of enthusiasm into their praises of cigarettes. They love them. Because cigarettes

charge a larger proportion of their cost price to advertising than any other commodity except cosmetics.

## Do You Want Your Nicotine or Don't You?

If you smoke merely to be sociable and don't crave a cigarette when you're alone, then you are not addicted to nicotine, and you might as well absorb as little as possible in whatever smoking you feel obliged to do. The following hints may prove helpful. Any one of them is fairly efficacious alone. In combination they are nearly perfect, and 99 44/100% of the nicotine will go into the filter of your friends' cigarettes.

1. Hold the lighting flame to the cigarette the minimum time necessary.
2. When you take a puff make it a gentle one.
3. Be sure your puffs hold your cigarette with the lighted end higher.



"Hold the lighting flame to the cigarette the minimum time necessary"



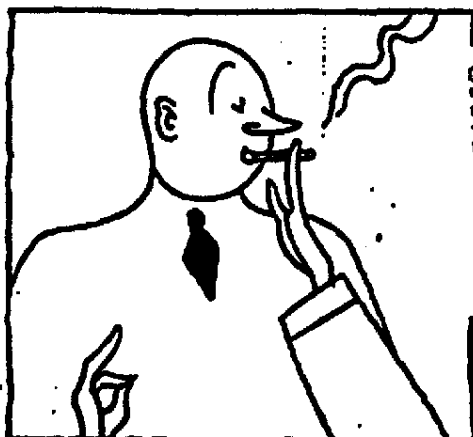
"Hold your cigarette with the lighted end higher"

4. Put the cigarette out before it is half through.

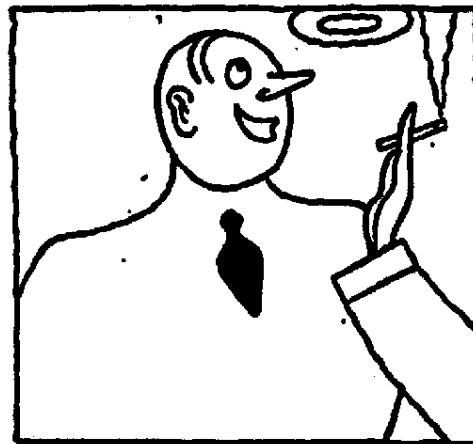
5. Smoke your cigarette mostly "by hand," taking as few puffs as are consistent with the pose of liking it.

6. Use a filter holder.

THE best kind of filter holder is one with a mouthpiece and, detachable from it, a barrel into which a cigarette or a plug of cotton can be inserted to act as filter. Of this type, the Zeus is the most expensive, but thanks to national advertising it has sold over a million. The fact that its barrel is made of "special aluminum" is not because special aluminum or any aluminum does the job better, but because the



"When you take a puff on your cigarette make it a gentle one"



"Smoke your cigarette mostly by hand, taking as few puffs as possible"

Aluminum Co. of America helped start it.

A host of such holders has appeared, most of them with barrels made of ebonite or some other plastic material. They sell for from 25¢ up, in colors to match any dress. There are even neat cardboard filter holders at three for 10¢. The only thing essential is that at some point in the barrel or the mouthpiece the filter cigarette should make a tight fit. Filter holders of this type eliminate about 60% of the nicotine that would be present in the unfiltered smoke.

Another kind of filter holder (e.g., Denicotea) uses a cartridge of absorbent granular material. This doesn't do quite such a good job.

Many filter holder users have found that for various reasons they smoke more cigarettes with the holder than without. When in addition the holder is one in which a cigarette acts as filter, the increased cigarette consumption may amount to around 10% or more. The cigarette companies might make money by giving holders away.

Although much of the nicotine in the smoke is retained by the filter, the color which it acquires with use is no proof of this, for nicotine is colorless. It is the tars and allied substances which give the brownish tinge, and which are responsible, rather than nicotine, for the bite of tobacco smoke.

The so-called denicotinized cigarettes most widely sold in this country are the Sano and the Carl Henry, each of which contains about 1% nicotine—that is, about half as much as ordinary American-blend cigarettes. They do not have a wide sale, probably due to high price and perhaps to the fact that they are less satisfying to the smoker. Cigarette "strength" is not related to nicotine content, however, for the nicotine content of untreated West Indian leaf is even less than that of "denicotinized" cigarettes. Yet cigarettes made of it affect the smoker as "strong."

The advertising for denicotinized cigarettes is false. It is stated that "the nicotine is out." Then the statement is modified so as to be no longer false, but merely misleading: "Guaranteed to contain not over 1% of nicotine." The implication is that 99% of the nicotine contained in ordinary cigarettes has been taken out. But ordinary cigarettes

51973 1910

FEB. 1953

# CIGARETTES

*What CU's tests showed... the industry and*

Produced by RJRTC

in

HUMPHREY



51973 1911

The thoughtful individual above is an average cigarette smoker. He is contemplating twelve piles of cigarettes, each containing an average month's supply. Although there are no precise statistics on cigarette consumption in the U. S., an average of the estimates indicates that

nearly half of the adult population smokes cigarettes, each smoker burning up 24 cigarettes a day, 720 a month, 8760 a year. In the piles above are 27 brands which account for 95% of domestic cigarette sales and represent all of the leading cigarette manufacturers.

its advertising...and: how harmful are they?

# Produced by RJRTC in EMPIRE

As Americans spend billions of dollars each year on cigarettes, the number of cigarette smokers in the population is growing fast and has already reached the figure of nearly one out of two adults in the country. Higher at the younger age levels, because new and serious questions have been raised about the effects on health of cigarette smoking, and because few Americans can avoid the cigarette industry's ubiquitous and often controversial advertising. CU has given a major part of this issue to report on the subject. Sections on the following pages include:

## THE INDUSTRY PAGE 60

From the Indians to the trusts  
Trust busting and the price story  
Advertising: a modern mythology

## THE PRODUCT PAGE 67

CU's tests: the findings and the methods  
Nicotine and tar in cigarette smoke:  
- how 37 brands compared  
Ratings of filter holders

## THE HEALTH PROBLEM PAGE 71

What the medical literature really shows  
Fact vs. fancy in the advertisements

The biggest news in the cigarette industry is the fast-growing popularity of king-size and filter-tip brands, both widely promoted as offering the smoker "protection" against nicotine and tar. The biggest news from CU's tests of cigarettes is that a smoker actually gets more nicotine and no less of the tar from most filter-tip and king-size cigarettes than he does from the regular brands. The new filter-tip *Kent* cigarettes, CU's tests showed, are an exception. *Kent* smoke contained about half as much nicotine and less tar than most regular brands. Most filter tips were ineffective, the tests showed, apparently because an equal length of tobacco in the butt filters out more nicotine and no less tar than the usual cotton or paper filter. In king-size brands, the extra tobacco does reduce the amount of nicotine and tar the smoker takes in, but only if he leaves the extra length of the cigarette unsmoked. If he smokes to the same size butt as he does with a regular brand, with most of the king-size brands he inhales more nicotine and tar per cigarette. Again there is an exception; *Embassy* gave no more nicotine than a regular cigarette even when so smoked.

These are among the results from CU's tests of 27 brands of cigarettes accounting for 95% of domestic sales and representing all leading companies.

CU also found that, among the leading popular brands, there were no significant differences in the amount of nicotine and tar in their smoke; and that all of the leading popular brands had more nicotine in their smoke than several other American-made cigarettes, including one brand (*John Aldens*) made from low-nicotine tobacco, the filter-tip *Kents*, several Turkish-type cigarettes, and a low-cost brand (*Yorkshires*, sold by Sears-Roebuck).

CU also tested filter holders for their effectiveness in removing nicotine and tar from cigarette smoke; the brand ranking highest in this respect was the *Zeus*, in which you use a cigarette as a filter.

For a complete report on the results of CU's tests on cigarettes and filter holders, see pages 67 to 70. For a review of the industry which manufactures America's most widely distributed product, turn the page.

# the industry

Two antitrust suits but still no

real price competition . . . millions for ads but a still skeptical public

g. which is a 400-year-old habit of Western civilization, started when the Indians gave tobacco leaves to the Spaniards. Practically from the very first, the use of tobacco was considered by many to be bad for health and to be immoral. King Charles II and King James I of England both issued edicts against smoking; in Russia, at one time smokers were punished by amputation of the nose. Approval is still voiced by many groups in the United States today and is reflected in the paradox that cigarettes, like alcoholic beverages, are the most heavily taxed consumer products at the same time that they are used by the vast segment of the adult population.

The background of disapproval and distrust of cigarette smoking is also reflected in many of the slang names for cigarettes, among them: coffin nails, gaspers, weeds, pills, lung dustars, dope sticks, and poison sausages.

Cigarettes are a late entry in the tobacco business: they were invented in South America sometime around the middle of the 18th Century. As late as 1920, cigars and cigarettes were in a close race for the smoker's dollar, with the cigarettes (which were, of course, much cheaper) outselling cigars only about five and a half to one. Today, about 80% of the leaf tobacco used in this country goes into cigarettes, and about 70 or more cigarettes are sold for every cigar. From the bottom of the last depression to date, cigarette sales in the United States have nearly quadrupled, reaching the fantastic record figure of 393 billion in 1952. This represents a retail expenditure of around 4.3 billion dollars. To bring it down to an understandable level, it is estimated by *Business Week* that half a pack of cigarettes is smoked every day for every American over the age of 15 and that the average cigarette smoker puts out roughly \$90 a year for cigarettes at the present rate of consumption. That rate, incidentally, is still rising very rapidly (see the chart on page 63).

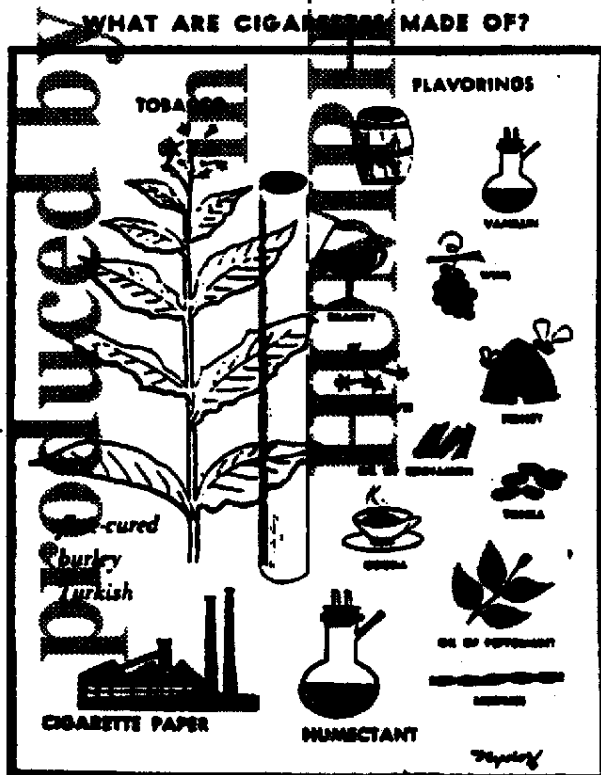
Forty years ago, when cigarettes were still considered somewhat sissyish for men and downright immoral for women, the products were quite different from most modern brands. Turkish or Virginia tobaccos were used practically exclusively and without added flavorings. The change to the present type of cigarette began in 1913.

## The break-up of the trust

At the turn of the century, there was much public concern with the dangers from big business, and among the trusts which the government broke up was The American Tobacco Co. When it was dissolved as the result of a government case in 1911, its assets were divided among the present American Tobacco Co., R. J. Reynolds Tobacco Co., Liggett & Myers Tobacco Co., and P. Lorillard Co. R. J. Reynolds did not get any of the cigarette business, but two years later it launched a new brand—Camels.

Camels were not only a new cigarette, but a new type: contrary to the current belief that only Virginia- or Turkish-type cigarettes could be sold in quantity, they contained a good proportion of burley tobacco; secondly, they were "cured" or flavored; and finally, they were widely promoted by advertising.

Aside from the taste of the brand and the intensive advertising, a number of social factors may have had a great influence on the acceptance of Camels; for one thing, they were introduced at a propitious time for sales, just before the explosive effects of World War I on many social



The drawing shows the range of ingredients of domestic cigarettes. Not all are in all brands, but most contain: tobacco and paper, of course, a humectant (moistener), sweeteners, and traces of other flavorings ("casing" in the trade). Popular brands are 43% to 75% fine-cured, 15% to 45% burley, 5% to 15% Turkish tobacco

tobacco. Within half a dozen years, R. J. Reynolds had captured 40% of the American cigarette market with *Comets*. Naturally, the other big companies followed suit: American Tobacco launched *Lucky Strike*, a burley mixture cigarette, in 1916, and Liggett & Myers shortly switched *Chesterfield* from a Virginia cigarette to the new type. P. Lorillard didn't get on the band wagon with *Old Golds* until 1926, after the race was well started.

The three biggest companies in the industry today are still the same three which inherited the major share of the old tobacco trust back in 1911. Among them they divide roughly 77% of the domestic cigarette market: American Tobacco, 32%; R. J. Reynolds, 27%; and Liggett & Myers, 18%. Their major, regular-size brands, however, do not account for all of this; about 18% of the sales comes from their secondary brands, chiefly king-size, but also some others. Tobacco companies, like many other large manufacturers, had to compete with themselves in order to cover all segments of the very diverse American market.

It is estimated that some 30% or so of the adult women in the country smoke, and that some 60% or more of the adult men are confirmed cigarette smokers. At the older proportions of both men and women who smoke cigarettes are somewhat less. In the present generations grow older the ratio of cigarette smokers to non-smokers among the old will almost certainly rise.

Where cigarette smoke goes. Cigarettes are probably the most widely distributed manufactured product in the country. You can get a pack almost anywhere and at almost any price. Cigar stores and drug stores were superseded years ago as the chief sellers of cigarettes. Along with the great increase in smoking by women has come a boom in cigarette sales at food stores and supermarkets, which are most of their cigarette business by the carton and superseded most other outlets by a few cents per carton. They account now for about one-third of all cigarette sales. Vending machines, which charge more for cigarettes than regular off-the-counter sources, get about one-sixth of the business. Cigar stores and cigar stands get about one-eighth of the business. Drug stores still hold a sizable share, about one-seventh; restaurants, bars, and liquor stores do about one-eighth. A wide variety of other retailers also get into the act.

Cigarette retailers often compete vigorously for business and their chief weapon is price. During the 1930s, cigarette price wars were common, and real bargains were often available when stores used cigarettes as loss leaders to attract customers. Today prices are more stable, but some stores cut them and some sellers, such as restaurants and nightclubs, hike them.

So far as the consumer is concerned, the prices generally seem to be climbing. From the depression's two packs for a quarter, the leading brands have risen to a nationwide average of about 21¢ a pack. When the prices rise, they rise together on similar brands. Although you may find one store in your neighborhood selling the "Big Three" brands for a penny or two below another store, you'll look a long

time before you'll find any retailer pricing one of the leading brands below another.

### A kind of competition

Price competition among the large companies has existed—but only, in the last couple of decades, at the wholesale level, and not there to any serious degree. For two years, from 1946 to 1948, *Camels* were sold at 3¢ less per 1000 (50 packs) than either *Luckies* or *Chesterfields* (or most other popular brands), a saving too small to be practical to pass on to the consumer.

The leaders got a scare during the depression when the cut-rate brands were being pushed. The savings of 3¢ a pack available with such brands as *Wings*, which used to retail for 10¢, looked pretty good to smokers in the Thirties. When the Big Three upped their prices in 1931—as one put it, to show their confidence—the sales of 10¢ brands skyrocketed. In one year total consumption of the 10¢ brands was increased almost 30 times. Shortly after that, the leaders started lowering prices again and took other action to prevent the 10¢ smokers from becoming a national institution.

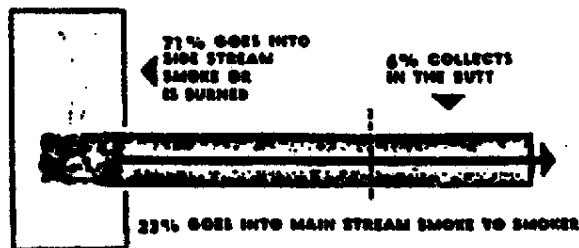
The story was made public in the government's second antitrust suit against the cigarette manufacturers, started in 1940 and completed with a Supreme Court decision in 1946. When the 10¢ brands were garnering a good piece of the market, the large companies began buying up the type of tobacco used in the 10¢ cigarettes (but not in their own). They stored it in warehouses, withholding it from the market to keep it out of the hands of their competitors.

This was only one of the methods used to prevent real price competition in the industry. Despite variations in their budgets, the Big Three generally priced their cigarettes to wholesalers at precisely the same figures, down to the penny. And when one changed, the others changed in consort. But when R. J. Reynolds raised its prices in 1931 and American followed shortly, Liggett & Myers went along only reluctantly. The company announced that it considered the price rise a mistake but that, if it failed to play along, it would have less money available for advertising and would therefore be at a competitive disadvantage. The

*Continued on next page*

### WHERE THE NICOTINE GOES

(Percentage figures are approximate)



5/19/73 1914

## cigarettes continued

statement made clear what the industry leaders considered proper and improper competition.

### What the government accomplished

As a result of the second antitrust case, the three major companies stood convicted not only of manipulating the markets to prevent competition, but also of collusion to prevent price competition by keeping their own prices the same and by bringing pressure on dealers to prevent any but the few recognized cheap brands from being sold at a lower price than the regular brands. Some a half year after the decision, the major brands and many others, including some of the king-size cigarettes, were being sold at identical retail prices within stores throughout the country. Even Philip Morris and Old Gold, which were fighting for position with the leaders last year, Philip Morris lost ground when *Pat All* moved past it to fourth place in sales standing. The government did not make any notice of retail price competition.

Since World War II, the king-size cigarettes, the leader of which was *Wings*, have done poorly. Their percentage of sales has declined to a figure substantially below 15%, compared to more than 22% for one peak month in 1932. Even the Big Three really gave them the works. *Wings* is still cheaper than the leading brands, by the same 3¢ per pack savings it offered in 1932. A late comer to the cut-throat field is *Yosemite*, a regular-sized brand which is sold exclusively by *Sears Roebuck*. *Yosemite* averages about 4¢ per pack less than the leading brands, but it is considerably less convenient for most consumers to buy, because of its limited availability.

In its survey, CL found many cigarettes priced higher than the popular brands, which ranged from 18¢ to 26¢ a pack, from store to store and place to place. The king-sized *Chesterfields* usually got a 1¢ per pack premium. Filter-tip brands purchased ranged from 1¢ higher than *Wings* per pack for *Viceroy* to a premium of 8¢ and more on *Kents*, *Parliaments*, and *du Mauriers*. The highest priced brands CL bought were the Turkish: *Arabs* and *Melachrino* at from 32¢ to 46¢ a pack. *Helmer*, another Turkish brand, was sold at prices from 24¢ to 36¢ and low-nicotine *John Aldens* at 23¢ to 31¢, and the de-nicotinized *Sono*, at 26¢ to 34¢.

### The outlook for prices

The cigarette industry is enjoying the current boom as much as most consumer industries, but its spokesmen, like those for many other industries, are grumbling about the squeeze between rising costs and fairly rigid prices. Cigarette prices are still under price control, although they did rise recently to allow the companies to pass on to the smoker an increase in Federal tax. The manufacturers are eagerly looking forward to April 30, when the present price control law is expected to die, and price rises seem almost sure to be on the way. Even with record sales during the last few years, the companies did not make record profits. In 1951, for example, when total cigarette con-

sumption was up more than 3% from 1950, the profits of the manufacturers fell off an average of 15%. (The Big Three still made a total of 87 million dollars net profit that year.)

There are all kinds of trade guesses, but one of the most widely repeated is that most cigarettes will go up 1¢ a pack as soon as price controls permit. Some of the king-size brands—those now frozen at the same prices as the popular brands—are expected to rise too, ending up possibly 2¢ a pack higher than at present.

### What the smoker pays for

Taxes take the biggest slice of the smoker's dollar—8¢ a pack going into the Federal treasury, and from 2¢ to 6¢ a pack into state coffers (1¢ in the District of Columbia). On top of that, some cities have local sales or other taxes which add a penny or so to the total. In New York City, 18¢ out of the regular 23¢ price of a pack of ordinary cigarettes goes for taxes. The return to the manufacturer runs around 7¢, which leaves a margin of 3¢ or so for the distributor and retailer.

### Tobacco leaves

It takes a huge crop of tobacco to make the raw material for 400 billion cigarettes and still leave some for other uses. The total crop in this country in 1951 was in excess of a million tons, grown on more than one and a half million acres. With total demand always rising, the manufacturers of cigarettes have to hold large inventories of tobacco leaves, particularly since some kinds must be cured for 18 months to two years before use. The market in which the manufacturers buy is far from a free one. The Federal government supports tobacco prices and this method of support has the effect of strictly limiting acreage. That helps to keep cigarette costs up. Right now leaf tobacco prices are off slightly, but the consumer won't benefit, at least for a few years, until the tobacco now being bought comes on the market, and he probably won't benefit then unless the manufacturers are forced by economic circumstances to pass on the savings.

Tobacco is under one of the tightest controls the Department of Agriculture has over any cash crop. Acreage allotments are closely held and highly prized, and the total allotment is usually increased very little from year to year. If you grow tobacco without an allotment, you end up by paying a penalty tax when you market it, and the tax may be a high percent of the value of the crop.

The cost of cured leaf tobacco makes up more than half of the cost of making and marketing a cigarette. The cost of manufacturing and shipping together, according to published figures for the standard brands for 1940-1941, approximately equaled the cost of advertising, which was about one-seventh of the manufacturers' costs of doing business. Selling costs other than advertising are an appreciable item, also, although less than half of advertising costs.

Although they spend more on tobacco than on advertising, the cigarette companies give the impression of being more concerned with their advertising campaigns than with the kind of tobacco they buy. Considering the low value

of the dollar today compared to the early 1930s, their present campaigns are actually conservative in size. In 1930, the Big Three alone spent roughly 46 million dollars on advertising; the entire industry spent only a little more than 60 million dollars in 1952. Five of the companies, however—American Tobacco, Reynolds, Liggett & Myers, Philip Morris, P. Lorillard—ranked among the only 20 firms in the nation to spend 4 million dollars or more on ads during the first six months of last year. Those five companies account for 92.7% of all the cigarettes sold in this country, and a very sizable portion of other tobacco

Just what these huge outlays have bought, not even the advertisers seem sure. For one thing, they have bought a fair amount of trouble with the Federal Trade Commission, which has objected at one time or another to claims made by all of the big companies and many of the smaller ones. Perhaps the most famous cigarette advertiser was the late J. Edgar Washington Hill, president of American Tobacco Co. and an autocratic ruler of its advertising and other departments. It is generally assumed in the trade that he was the model for the character of the proprietor in *The Huckster*. Under Hill, American Tobacco advertising was loud and often pioneering. The slogan "Reach for a Lucky instead of Star" which was used during Hill's regime, got *Lucky Strike* a lot of attention as well as a repudiation from candy companies. Hill was the first cigarette manufacturer to bid for the women's market by running pictures of a good-looking girl smoking a cigarette. When these ads were bitterly attacked, Hill replied: "Why should I justify [my advertising]? It is paid."

#### Advertising

The main themes have run through cigarette advertising: 1) pleasure, 2) snob appeal, and 3) health appeal. The snob appeal works in several ways: the idea is built up that Brand X is smoked by famous, rich, successful people or those otherwise envied or admired; the name of Brand X is repeated until it is an accepted thing; and Brand X is associated as far as possible with certain traits generally considered to be desirable (such as masculinity, or, for women, good looks).

The pleasure from smoking a particular brand is not, of course, subject to precise scientific measurement, and is pretty much a personal matter anyway.

The health theme in advertising is the one that has caused most of the run-ins with the FTC and has brought the industry much criticism. One recent survey indicated that smokers are often aware that cigarette smoking may not be good for them and they don't like to be reminded of it by ads. Some members of the industry also insist that ads claiming health advantages for a particular brand merely emphasize the possible dangers from smoking, to the detriment of the whole industry and without helping the advertised cigarette. But health themes have been and are still widely used.

The claims have often been pretty bald: for example, R. J. Reynolds' former statement to the effect that *Camels* were helpful for athletes who had to keep fit, or the assertion that smoking *Kools* would give extra protection

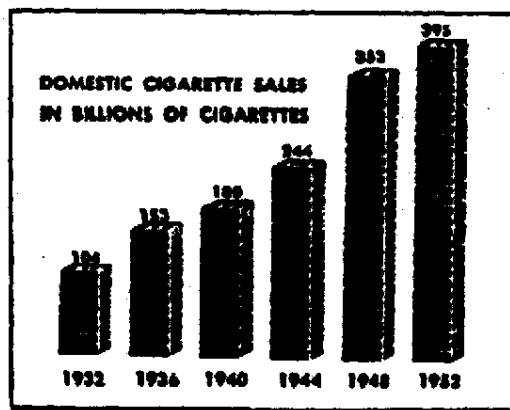
against colds. These are among the claims which were dropped as a result of FTC action.

In general, the government has held that among the leading brands there is no meaningful difference in nicotine content or in the other important chemicals in the smoke, and no significant difference in the physiological effect of smoking them. It has held that tobacco cannot be smoked without irritation to throat tissue. It has also objected to specific statements which it found to be untrue (such as *Lucky's* former claim that, among independent tobacco dealers, it was "*Luckies* two to one"). One of the most frequently used clichés in the trade is the reference to the "independent laboratory." The laboratory and the "medical specialist" may be independent in the sense that they are not part of the advertiser's organization, but, as has been pointed out by the government, they are usually paid by the company for their opinions or tests and may therefore be something less than completely free from bias.

The FTC began its campaign to clean up the health aspects of cigarette advertising in 1942, and by 1950 had proceeded against all of the five largest companies except Liggett & Myers. The proceedings in completed cases have not served to inhibit seriously the advertising of other companies. No copywriter worth his Brooks Brothers suit would let an FTC order stop him from using health appeals if he felt they would be effective.

#### Advertising today

The *sine qua non* of cigarette advertising is mildness. Rare is the copywriter who can restrain himself from

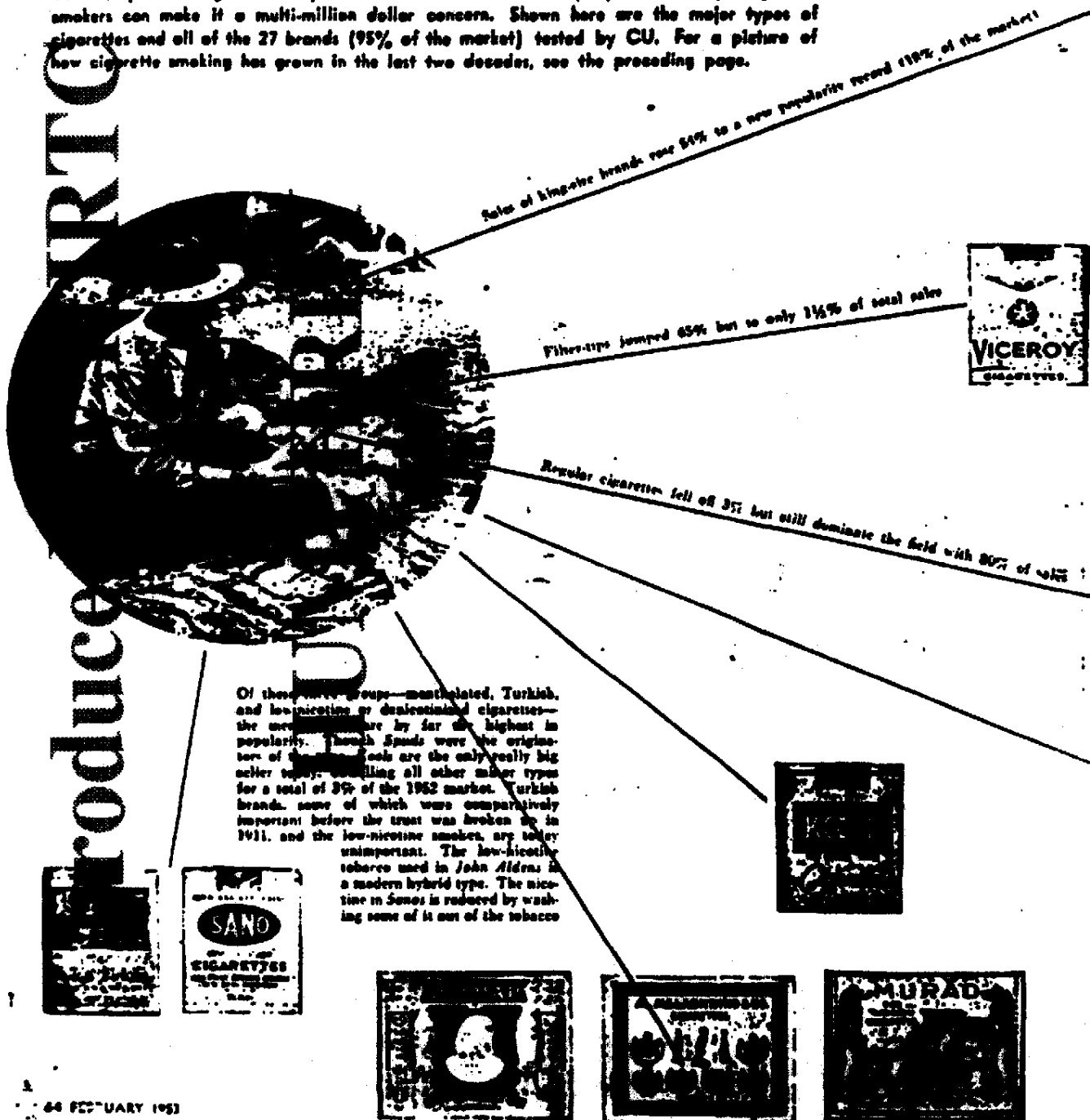


For a breakdown of sales by brands and types, see the following two pages. Text continues on page 66



## what's happening in cigarettes

The status of the continuing changes in consumer preferences for types and brands of smokes is shown at each year's end by sales figures. This is the picture for the end of 1952. Since expenditures for cigarettes last year were 4.9 billion dollars, by conferring even a tiny bit of their business on a company the country's cigarette smokers can make it a multi-million dollar concern. Shown here are the major types of cigarettes and all of the 27 brands (95% of the market) tested by CU. For a picture of how cigarette smoking has grown in the last two decades, see the preceding page.



44 FEBRUARY 1953

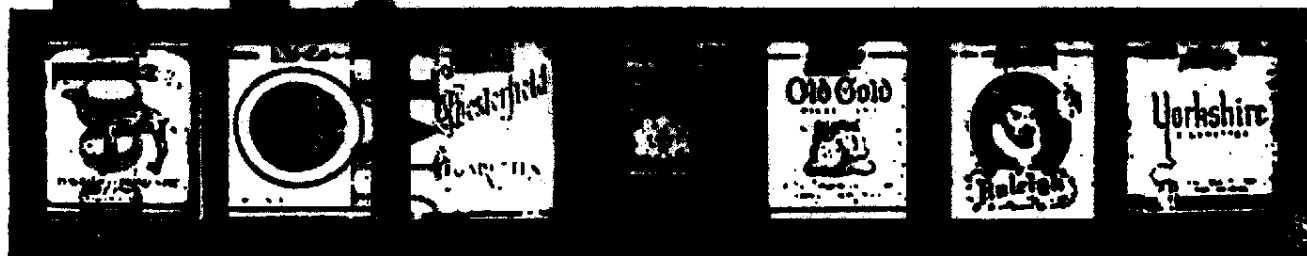
51973 1917



King-size cigarettes cut sharply into sales of the regular brands last year. *Pall Mall* was the first king to squeeze into the top four in sales, got 10.5% of the country's total. *Chesterfield's* king-size smokes, introduced in June, got a 3% share in a half year's time. It is rumored that other major companies may follow the lead of *Lizotte* & *Myers* and soon bring out kings under major brand names. The other brands here ranged in sales from eighth under 1% (*Fatima*) to about 0.1% (*Dunhill*).



Filter-tips make up one-third or more of sales in South America and other places. Though still a minor part of the American industry, many in the trade say that they, along with kings, are the coming thing. One influence on the popularity of both types is said to be the increase in smoking by women. *Licorons* are the leading filter-tip today, but they got only 0.2% of last year's sales.



*Camels* have been the hit of the parade since *Luckies* slipped back to second place in 1949. *Chesterfield's*, *Pall Mall's*, *Philip Morris*, and *Old Gold's* follow. Current estimates are that slightly less than half of the 104,000,000 population aged 18 and over smoke (60% of the men, 30% of the women). Women in the Middle West are expected to be target of new promotion campaigns.



These English-style brands, all made in America, have a high prestige appeal, cost more than the popular cigarettes, and sell comparatively little. The U.S. market has many minor brands—*CU* counted 30 odd last fall, not including roll-your-own tobacco.

51973 1918

## cigarettes continued from page 63

claiming that the cigarette whose praises he sings is, for example, "mild" (Camel and Luckies); "much milder" (Chesterfields); "far milder" (Dunhills); or endowed with "tasty mildness" (Philip Morris); or with "mildness you can measure" (Pall Mall).

The filter-tip and king-size cigarettes today are usually advertised as offering protection from nicotine, tar, or sometimes simply "irritants." For Viceroy's the largely irrelevant and self-evident statement is made that "The nicotine and tars trapped by the Viceroy filter cannot reach your throat or lungs!" Kent ads read, "First time ever! Sensitive smokers get real health protection with new Kent.

you're sensitive to the nicotine and tars in tobacco. . . . (published medical reports show about 1 out of 3 smokers is) . . . Kent's exclusive 'micronite' filter removes up to 7 times more nicotine and tars than other leading king-size cigarettes!" For Pall Mall, the biggest selling king-size smoke, the copywriter says you can "guard against rough scratch with Pall Mall. . . . For Dunhill: "Dunhill—because of its king size, its finer tobaccos and its natural qualities—screens out irritants. . . ." The list of similar quotes is not quite endless, but it's long.

### Health and the popular brands

About the king-size and filter-tip brands are not alone in stressing health. Stridently, Old Gold sizes that its tobaccos are "clean." Old Gold, still smarting from an FTC order not to claim less nicotine or less irritation than other leading brands, takes on the FTC in its own advantage and works both sides of the street. On the one hand, Old Gold ads carry the headlining soothing health claims, "A rest instead of a treatment." On the other hand, the same ads say, "No other leading cigarette is less irritating, or smoother on the throat, or contains less nicotine than Old Gold. This conclusion was established on evidence by the United States Government." What the government established, and the Old Gold ads don't say, is that all leading brands are substantially alike in these respects, and no other leading brand is more soothing, either.

Camel ads are still full of health hints, despite a long list of "Don'ts" from the FTC which prohibited from saying directly that Camels are conducive where a sport demands unflinching energy or good condition, the ads often feature famous athletes smoking Camels and saying things such as, "My choice for steady smoking is mild, flavorful Camels." In addition, Camel ads announce, "More doctors smoke Camels than any other cigarette," which may be true without being significant, because more people in general smoke Camels, which are at present and have been for some time the most popular brand.

Two other leading regular brands, Chesterfield and Philip Morris, both used to make strong statements about freedom from irritation of one sort or another, but they may change their copy. Both are presently involved with the FTC. During the first week of January, as the culmination of a long case against Philip Morris, the Commission

ordered the company to discontinue its claims that: irritation caused by smoking other leading brands is of longer duration than that caused by smoking Philip Morris; the humectant used in Philip Morris (diethylene glycol) helps to make the smoke from the cigarettes significantly less irritating to the upper respiratory tract than the smoke from cigarettes containing glycerine as a humectant; smoking Philip Morris will protect the smoker from smoker's cough or the effects of inhaling.

Liggett & Myers, now in the midst of a court battle with the Commission, uses some advertising claims for Chesterfield very similar to those the FTC has forbidden other companies to use. Some recent Chesterfield ads say, "Nose, throat, and accessory organs not adversely affected by smoking Chesterfields," and add that this is the report of a "continuing study by a competent medical specialist and his staff. . . ." For the first time in a cigarette case, the FTC asked for a Federal court injunction to prevent Liggett & Myers from continuing the ads pending an FTC hearing. The Commission is empowered to use court injunctions in cases involving drugs; in its plea to the court, the Commission said that tobacco is a drug and pointed out that to allow the company to continue with advertising claims forbidden to other firms while the case was being heard and probably appealed would place the others at a competitive disadvantage. The District Court, however, refused the injunction on the grounds that it did not consider tobacco a drug within the meaning of the law. The government is appealing the District Court's decision.

### What about the public?

It is probably fairly obvious to most consumers that the FTC's efforts to control cigarette advertising haven't been very successful. Also, no matter what solemn and pious statements they may make about health-appeal ads, advertising men and cigarette merchandisers obviously think they are very effective because they continue to use them. Whether the health appeals are believed by many smokers is another question. When Dr. Gallup conducted a poll on cigarette smoking in 1949, more than half of the cigarette smokers questioned said they thought cigarette smoking harmful and had tried at one time or another to give it up.

One secondary effect of the great volume of advertising is that it seems to protect the cigarette companies, to a very large degree, from unfavorable press comment. Although some of the more responsible newspapers run news stories on FTC actions against cigarette companies and on medical research into the effects of smoking, many newspapers completely ignore these stories or bury them. The Reader's Digest, probably the only mass-circulation publication in the country which doesn't have to worry about losing cigarette advertising, carries on what is practically a war against cigarette smoking. Some of the publications connected with religious organizations (such as The Christian Science Monitor and the Christian Herald) speak out on the evils of smoking and the excesses of cigarette advertising from time to time, but aside from this the public doesn't read much about the controversial aspects of smoking and the cigarette industry.

# the product

Substantial differences among  
types of cigarettes in nicotine, and among filter holders in effectiveness

Seven cigarettes of each brand, each cigarette from a different pack, were "smoked" in CL's laboratory tests for nicotine and tar in cigarette smoke. Twenty-seven brands, purchased in 19 cities throughout the United States, were included in the tests. All kinds of cigarettes were represented: regular-size and king-size; regular-price, low-price, and premium; the common American blend and Turkish and Virginia blends; nicotine, denicotinized, and untreated; flavored and mentholated; and untipped, double-tipped, ivory-tipped, and filter-tipped. For so great a variety, most of the differences found were surprisingly small. But some of the differences were, nevertheless, significant. They are summarized in the table on page 68. Several positive conclusions can be drawn from the data.

## The kind of tobacco

The test results indicate that the nicotine content of the smoke from a cigarette is influenced, first of all, by the type of tobacco used. The cigarette with the least nicotine in its smoke was the one made with tobacco especially developed for its low nicotine content. This brand, *John Alden*, had an average of only 0.4 milligrams of nicotine per cigarette in the smoke puffed in by the laboratory smoking apparatus. (A milligram is about 1/2500th of an ounce.) Other cigarettes with less nicotine in their smoke than the big-selling brands were among those made largely of Turkish tobacco. The low-priced *Yorkshire* cigarette was as low in nicotine as any of the Turkish types.

## The "popular" brands

The most widely advertised and widely sold regular-length cigarettes—*Camel*, *Strikes*, *Chesterfields*, *Morris*, and *Old Gold*—were practically identical in nicotine content. Their smoke, which averaged about five times as high in nicotine per cigarette as the smoke from *John Alden*.

The smoke of king-size cigarettes (about 8½ inches in length) generally contained about a fifth more nicotine than the smoke of regular-length American brands (about 7½ inches in length), when both were smoked down to a butt of a little under an inch. When, however, the extra length of the king-size cigarette is left unsmoked—that is, when only as much of the longer cigarette is consumed as of a shorter one—the total nicotine from the king-size cigarette is lower. The single exception found—*Embassy*—gave only about as much nicotine as a regular cigarette, even when smoked down to a butt just under an inch.

Most filter-tip cigarettes tested—contrary to the statements in the ads for them—actually had about 20% more

nicotine in their smoke than regular brands—as much as that of the typical king-size brands smoked down to about a one-inch butt. Among the filter-tip brands tested, there was the single exception already noted: *Kents* were second only to *John Alden* in freedom from nicotine in their smoke, averaging only about one milligram of nicotine per cigarette.

As the smoke passes through it, the tobacco in the cigarette itself acts as a fairly effective filter: CL's tests included a determination of the filtering effect of the length of tobacco which is replaced by other materials in filter-tip cigarettes. Two-thirds of an inch of a regular-size cigarette were cut off, and the remainder smoked to the usual extent: 16% more nicotine was found in the smoke than in the smoke of uncut cigarettes.

## Some special cases

Slightly above *Kent* in nicotine content—but appreciably below the big-selling regular brands—were *Sono*, a "denicotinized" cigarette, *Mured*, a Turkish brand, and *Yorkshire*, the Sears brand, which appears similar to the more widely sold brands. Two other Turkish cigarettes, *Helmar* and *Melochrino*, also ranked between *Kent* and the big sellers in nicotine content of their smoke, but they were only a little below the popular regular-size American blends.

Some brands—*Virginia Rounds* and *Craven A*—had a higher nicotine content than the popular brands, probably because of their particular blends of tobacco.

*Kools*, the largest selling mentholated cigarette, are, like so many other brands, promoted as being "mild," but in

Continued on next page



What's in the filter tips (left to right): cotton in *Parliament*; creped paper in *du Maurier*'s; paper and other fibrous material in *Kent*'s (relatively effective); creped paper in *Viceroy*'s

## RESULTS OF TESTS FOR NICOTINE AND TAR IN THE SMOKE FROM 27 BRANDS OF CIGARETTES

Brands are listed in order of increasing nicotine content of their smoke. Because of the variability between different cigarettes of the same brand and inherent shortcomings of the test method, the differences in tar content between brands can be considered only approximate; a difference of a few milligrams is of no significance.

BRAND AND MANUFACTURER	AVERAGE NICOTINE IN SMOKE PER CIGARETTE (milligrams)	AVERAGE TAR IN SMOKE PER CIGARETTE (milligrams)
100% John Alden Tobacco Low-nicotine tobacco	0.4	12
100% Lorillard	1.0	7
100% Lorillard	1.1	17
100% United States Tobacco Unflavored	1.2	10
100% J. W. Benson & Co., Inc.	1.2	11
100% American Tobacco	1.6	13
100% P. Lorillard	1.7	16
100% E. J. Reynolds	1.9	15
100% W. D. & H. W. Philip Morris	1.9	14
100% P. Lorillard	2.0	12
100% Liggett & Myers Regular-size	2.0	11
100% American Tobacco	2.1	16
100% P. Lorillard	2.1	14
100% Philip Morris	2.2	13
100% W. D. & H. W. & Williamson	2.2	13
100% W. D. & H. W. & Williamson Unflavored	2.2	16
100% Columbia Tobacco	2.3	14
100% W. D. & H. W. & Williamson	2.3	12
100% W. D. & H. W. & Williamson	2.4	13
100% Liggett & Myers	2.4	14
100% Liggett & Myers Unflavored	2.5	13
100% American Tobacco	2.6	15
100% Benson & Hedges	2.6	15
100% Philip Morris	2.7	17
100% Benson & Hedges	2.7	12
100% Carver Limited	2.8	15
100% E. J. Reynolds	2.8	19

69 FEBRUARY 1953

## cigarettes continued

nicotine content of their smoke Kools were about the same as the popular regular brands.

Tars are not found in unsmoked cigarettes, but are produced as a result of incomplete combustion. Because of the variability between different cigarettes of the same brand, and because of inherent shortcomings in available test methods, the differences in tar content between brands can be considered only approximate; differences of a few milligrams are of no significance. The tar content of the smoke from Kent cigarettes was found, however, to be consistently low.

### Comparison with previous tests

The tests on which this report is based showed a somewhat higher nicotine content for many brands than was found in the limited tests of these brands reported on in June, 1952. CU pointed out at the time that the very small number of cigarettes of each brand tested made those results only approximate. The present results reflect the greater accuracy afforded by the greater number of cigarettes tested. The large difference found in the two tests with respect to Kent cigarettes appears to be mainly the result of a change in the filter during the interval. CU noted last summer that Kents required "considerably more effort to draw on than do other cigarettes." This characteristic appears now to have been largely corrected.

Continued on page 70

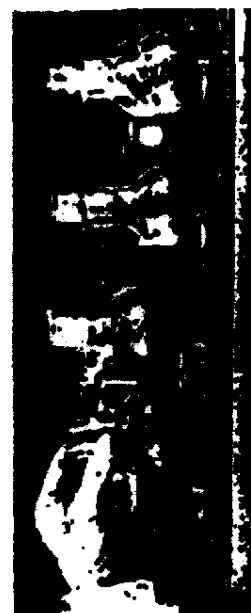
### HOW CU TESTS CIGARETTES

The testing of a cigarette begins with the collection of its smoke. The cigarette is first fitted into a glass holder 1 and then "smoked" in the laboratory apparatus 2. The smoke drawn from the cigarette is collected in acidified alcohol in the flask (any smoke carried into the glass "train" is trapped in the two vials.) Lowering the level of the water in the vertical glass tube at the end of the train by means of the bulb at the extreme right of this picture draws air through the cigarette. Each puff is made to last for two seconds and one puff is taken each minute. Slightly more than two cubic inches (35 cubic centimeters) is taken in with each puff, and each cigarette is smoked down to a butt of just under an inch (25 mm.). In CU's tests, 16 samples of each brand were "smoked" in two runs of eight cigarettes each; the results of each run were determined separately and then averaged. After each run, the washings from the apparatus are added to the smoke solution in the collecting flask. One portion is steam distilled 3 to isolate the nicotine; amounts are measured with an ultra-violet spectrophotometer 4. Chloroform is added to another portion of the smoke solution diluted with water. The tar is then extracted by vigorous shaking 5, and the chloroform is then drained from the separatory funnel. After this, the chloroform is boiled off 6 and the tar residue weighed on a chemical balance 7.

51973 1921



BEST IMAGE



Produced by RIRTC

## cigarettes continued

with a longer and, therefore, a more permeable filter.

CL's current tests were for nicotine and tar content. Blindfold tests, which have been performed many times by many groups, including CL, and which have almost uniformly shown that smokers cannot with any regularity distinguish among the popular brands by taste, were not a part of this survey. In the course of its investigation, CL did have members of its staff who were habitual smokers try out various brands, but no attempt was made to conceal the names of the cigarettes being smoked. Some of the comments were interesting. With almost no exceptions the smokers showed the same reluctance to shift from their favorite brands that some advertising surveys have shown to exist widely. Many of the smokers said they could not shift from the brand they smoked to some of the brands even if these cost appreciably less.

### Filter holders

The filter holders CL tested were the *DeNicotes*, in which paper is used as the filtering agent; the *Medica*, in which paper of paper is used; the *Zeus*, in which alumina is used; the *Weber*, in which charcoal is used; and the *Zeus*, in which a cigarette in the tube acts as the filter.

Two of each brand were tested. The cigarettes held in the filter holders were "smoked" as in the cigarette tests, and the smoke was collected and analyzed by the same methods. A typical regular-size cigarette was used. Each holder was "smoked" on a run of five cigarettes. The two brands which proved most effective on the initial run—the *Zeus* and the *DeNicotes*—

were further tested for their effectiveness when the same filters were used without change for longer runs. The filtering action of the *DeNicotes* was determined for the last five of 15 cigarettes, and the effectiveness of the *Zeus* for the last five of 20. Both were found effective even after such long use. (The *DeNicotes* effectiveness had decreased and the *Zeus* effectiveness had increased slightly.)

In length the holders ranged from  $3\frac{1}{2}$  to  $4\frac{1}{2}$  inches; the long metal tube of the *Zeus* holders was found to be more effective by itself in removing nicotine than some of the holders with the filters in them. When used without a cigarette inside as a filter, the *Zeus* tube condensed nearly 20% of the nicotine in the smoke from the first five cigarettes smoked.

Most of the members of a panel of smokers who normally did not use cigarette filter holders found the odor of the filters after a few cigarettes extremely unpleasant. One may have to suffer through a period of building up a tolerance to the odor in order to be able to use one of these filters regularly. Some users found the extra effort of drawing through them objectionable; others disliked the weight of the holders. One found the smoke relatively tasteless, and noted that he smoked more cigarettes when using the filter. While cigarette holders have the advantage of keeping tobacco grains out of the smoker's mouth (an advantage shared by filter-tip cigarettes), they cause the smoke to impinge on a small area of the tongue, which can cause the same "bite" that pipes cause.

One unhappy tendency of smokers who use a filter holder is to smoke cigarettes down to the very end, thus negating at least a part of the nicotine-removing effectiveness of the filter. Another tendency, which has the same effect, is to smoke deeper puffs with a holder than without.

### RATINGS OF FILTER HOLDERS: Listed in order of their effectiveness in removing nicotine from smoke.

**ZEUS** (L. & H. Seera, Inc., NYC). \$1.50 for regular size which uses an ordinary cigarette as the filter; \$2 for the "deluxe" which can use a king-size cigarette as a filter. Removed 44% of the nicotine and 33% of the tar from the smoke of the first five cigarettes smoked, when used with a regular-sized cigarette as a filter; it would do slightly better with a king-size cigarette as a filter. It removed 50% of the nicotine and 33% of the tar from the smoke of the fourth set of five cigarettes smoked. Has a butt ejector.

**DENICOTES** (Alfred Dunhill of London, Inc., NYC). \$2.50 for men's holder with 10 refill cartridges; \$3.50 for longer women's holder with 12 refill cartridges. Silica filter. Removed 35% of the nicotine and 33% of the tar from the smoke of the first five cigarettes smoked; 29% of the nicotine and 17% of the tar from the smoke of the third set of five cigarettes. Refill filters, 10 for 35c. Has a butt ejector.

**PURA-SMOKE** (Continental Brier Pipe Co., NYC). \$1 with 5 refill cartridges. Alumina filter. Removed 21% of the nicotine and 33% of the tar from the smoke of the first five cigarettes smoked. Refill filters, 10 for 25c. Has a butt ejector.

**MEDICA** (S. M. Frank & Co., NYC). \$1. Paper roll filter. Removed 18% of the nicotine and 17% of the tar from the smoke of the first five cigarettes smoked. Refill filters, 10 for 10c.

**WEBER** (no manufacturer shown on package). \$1 with 5 refill cartridges. Charcoal filter. Removed 10% of the nicotine and 11% of the tar from the smoke of the first five cigarettes smoked. Refill filters, 10 for 85c.

*Zeus* (at top) uses a cigarette as a filter; the stained cigarette was taken from a *Zeus* after a pack of cigarettes was smoked through it. *Pura-Smoke* uses a cartridge of alumina granules. It differs from the other holders tested mainly in the cartridge material.

70 FEBRUARY 1951

# are they harmful?

*Perhaps—each smoker will have to decide for himself whether the satisfaction is worth the risk*

So intimately is tobacco bound up with the life of America—from the early Virginia settlements and the plantation economy of the South to the growth of the big tobacco companies and the daily advertising barrage—that any discussion of the health aspects of smoking is bound to excite the hostility of some groups and individuals.

Before the First World War, when cigarettes were much less important in the tobacco business, they were damned principally as a foppish affectation and, on moral grounds, as a kind of symbol of dissolute living. The indictment now is that cigarettes, like wine, are the most pernicious member of the tobacco family. The catalog of evils generally associated with them includes irritation of the respiratory tract, eyes, and tongue; interference with appetite; bad breath; pollution of the atmosphere; and many other such. In addition, some doctors insist that smoking, particularly cigarette smoking, leads to addiction, and that addiction impairs the intellect, interferes with judgment, depresses the emotions, inhibits sexual potency, narrows the heart and blood vessels, and causes cancer of the lung.

On the other side of the controversy, we find the tobacco industry and its hucksters claiming that smoking will steady nerves, relieve irritation, banish coughs caused by any rival company's tobacco, and promote social ease. Against this background it might be a good idea first to clear away some of the misconceptions concerning the effects of tobacco and tobacco ingredients on human beings.

## Some misconceptions and some facts

Thomas Edison, like many others distinguished in the arts or sciences, had strong opinions on this subject; he believed that cigarette paper was responsible for many of the toxic symptoms caused by smoking. Subsequent study showed that the part played by paper in the reaction to smoking is insignificant.

Proper moisture content of the tobacco is important for a satisfactory smoke; a moistening agent, such as glycerine or diethylene glycol, is usually employed in the processing of the tobacco. According to Professor H. B. Haag, of the Medical College of Virginia, Richmond:

Discussion, at times somewhat acrimoniously directed, has waxed concerning the relative merits of these two agents as they affect the irritating properties of cigarette smoke. The more recent studies all are inclined to the view that neither agent shows superiority over the other in this respect.

Tobacco smoke is invariably irritating, irrespective of the type of moistening agent applied.

In addition to nicotine, tobacco smoke contains carbon monoxide, ammonia and other volatile alkaline materials, acids, phenols, aldehydes, and other materials comprising tar.

The heavy smoker inhales a considerable amount of carbon monoxide from the incomplete combustion of tobacco in his cigarette, pipe, or cigar. The carbon monoxide combines readily with the hemoglobin of the red cells and the smoking of two packs could result in saturation of as much as 7% of the hemoglobin with carbon monoxide. But it has not been established that this degree of saturation is responsible for any of the toxic effects of heavy smoking. Nor is there any knowledge about possible long-time effects of this amount of carbon monoxide. Obviously, more research on this problem is needed.

## Nicotine: pure and in smoke

Of all the components of tobacco, nicotine has been the focus of greatest interest. The use of denicotinized tobacco, and of special tobaccos cultivated for their low nicotine content, are reflections of this special concern with the properties of nicotine. While the toxic effects of pure nicotine in specific doses are well known, there is a considerable difference of opinion concerning the extent to which nicotine of tobacco smoke is harmful to health.

In a limited study recently made in the Laboratory of Applied Physiology of Yale University, Drs. Greenburg, Lester, and Haggard found the average nicotine content of the cigarettes they tested to be 17.2 milligrams per gram of dry tobacco. (The average nicotine content of the cigars tested was found to be 17.4 milligrams per gram of dry tobacco.) Since nicotine must be absorbed by the body in order to exercise any effect, the Yale doctors investigated, among other things, the effect of inhaling on the amount of nicotine absorption. They found that a very small amount is absorbed when a cigarette or cigar is smoked without inhaling (other studies have shown that if the smoker does not inhale, but does hold the smoke in his mouth even for a few seconds before expelling it, the nicotine absorption is much higher). But with inhalation, virtually all of the nicotine present in the smoke is retained by the body. In sum, they found that when cigarette smoke is inhaled, about two and a half milligrams of nicotine is retained in the body (see page 68 for CL's findings on the amount of nicotine in cigarette smoke). Inhaling is much more common among cigarette smokers than among cigar and pipe smokers. Whatever the reason, it is apparent that, in general, for the same quantities of tobacco, inhaling cigarette smokers absorb considerably more nicotine than non-inhaling cigar and pipe smokers—or non-inhaling cigarette smokers.

According to one investigator, there is no relation between the so-called "strength" of tobacco and its nicotine content. The strength of a tobacco depends primarily on

*Continued on next page*



## cigarettes continued

aromatic substances which are volatile and which, for the most part, are formed during the process of fermentation before the tobacco is dried.

Modern knowledge of the properties of nicotine began with the famous experiments of the English investigator, Dr. J. N. Langley, who painted solutions of nicotine on the ganglia of the autonomic nervous system. It soon became apparent both from these and later studies that the effects of nicotine on human beings are exceedingly complex. The drug acts on three main areas of the nervous system: 1) on all the ganglia of the autonomic nervous system; 2) on the junctions between the nerves and the muscles; and 3) on the brain itself. At each of these sites, it first stimulates and then depresses function. Consequently, six possible types of reaction may go on at different rates and at different times, depending on the amount of nicotine involved, and the results are unpredictable, effects.

Observers of smoking are fond of pointing out that a few milligrams of nicotine applied to the skin can cause death. Fortunately, this drastic reaction is impossible except in closed plants or laboratories where the concentrated drug is handled.

One's first smoke, whether of a cigarette, a cigar, or a pipe, is almost always associated with acute toxic symptoms—namely, nausea, vomiting, headache, and dizziness—and it is probable that most of these symptoms are caused by the nicotine. With continued smoking, habituation to the drug occurs; the chronic heavy smoker can absorb and handle amounts of nicotine that would seriously poison a non-smoker. Since acute intoxication by nicotine is a rare accident, or a passing phase in the development of the smoker, it is proper to turn to the effects of nicotine on the habitual smoker.

### Heart and blood vessels

The chronic effect of nicotine in smokers on the heart and blood vessels has been the subject of considerable experimental research and clinical observation. But even if one excludes research sponsored and financed by tobacco companies with special interests, it is still difficult to draw incontestable conclusions from many of the experimental data. At one time the opinion was expressed that smoking caused arteriosclerosis, or hardening of the arteries. Persons with "angina pectoris" were forbidden to use tobacco, particularly when tests showed that injections of pure nicotine caused a transient rise in blood pressure and heart rate. More critical studies have since shown that neither nicotine nor any other component of tobacco causes arteriosclerosis, a disease whose essential cause or causes are still unknown.

Smoking sometimes does cause palpitations, extra heart beats, or even paroxysms of rapid beating, but such symptoms occur without evidence of interference with the blood supply to the heart and probably reflect the influence of nicotine on the nervous and muscular irritability of the heart itself. Certainly, it is simple common sense for anyone sensitive to nicotine either to refrain from smoking, to re-

duce the number of cigarettes smoked daily, or to try cigarettes of low nicotine content. Switching to a pipe might also be helpful.

True "tobacco angina," a condition in which pain in the chest occurs after smoking, is quite uncommon; even when it does occur, it does not necessarily mean that the pain is associated with changes in the coronary artery circulation of the heart. It does mean special sensitivity in the smoker, however, and again simple common sense should tell him what to do. As for persons with some form of organic heart disease (valvular disorders, coronary disease, etc.) the comments of Dr. Robert L. Levy of Columbia University, College of Physicians and Surgeons, probably represent the point of view of most heart specialists:

Patients with any form of heart disease usually are advised to abstain from the use of tobacco; yet it has been our experience that over a period of years most of these individuals have smoked moderately without apparent harm. If one may judge by the amount of tobacco consumed, smoking affords a good deal of pleasure to a large number of persons; for many it provides emotional stability.

In this connection, it must be pointed out that "moderate" means different things to different persons. To the heavy smoker who consumes two to three packs of cigarettes a day, moderate smoking may be one pack; to others, moderate may mean five to ten cigarettes a day. Each individual must determine for himself, or with the aid of his physician, just what his tolerance for tobacco is.

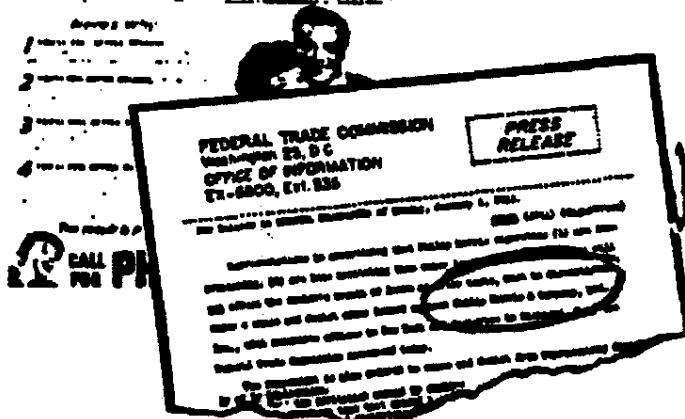
Dr. Levy also points out that, on the basis of new techniques for estimating heart function, tobacco smoke causes relatively little change in the activity of the heart.

There is [says Dr. Levy] considerable variability of effect in both normal persons and patients with heart disease, but this depends on

## SOMETHING WONDERFUL HAPPENS

when you change to **PHILIP MORRIS**!

Here are two ads, both with part of campaign results: against cigarette companies, have been on the receiving health themes, but health th 63). Other big brands wh appeals include Camel, P



51973 1925

a greater extent on individual susceptibility than on the presence of a cardiac disorder. . . . Because of the enjoyment afforded and the feeling of satisfaction obtained, it is our opinion that the majority of patients with inactive forms of heart disease may be permitted to smoke in moderation. Those who are sensitive to nicotine will fare better by abstinence. There are certain conditions in which smoking should be forbidden, because any increase in the work of the heart, however slight, is to be avoided; among these are congestive heart failure, the acute stages of cardiac infarction (coronary thrombosis) and active rheumatic fever. No patient with peripheral vascular disease should use tobacco because of its constricting action on the peripheral vessels.

The last sentence states an incontestable fact: that nicotine, because of its action in reducing blood flow through the vessels of the extremities, is harmful to patients with Buerger's Disease (thrombo-angitis obliterans) or similar disorders of the blood vessels of the extremities. Because of the unusual sensitivity of such patients to nicotine, complete abstinence from smoking is the single, most important requirement for successful treatment. The benefits of complete abstinence have been proved so conclusively that it is doubtful that any physician could justify the use of even one cigarette daily, even at the lowest available nicotine content, for a patient with Buerger's Disease or peripheral vascular disease of the extremities.

#### The respiratory tract

That all cigarette smoke is irritating, particularly to the mucous membrane of the respiratory tract, from the nose and throat down to the bronchi, is also another established and incontestable fact about smoking. Naturally, those who inhale deeply will have a greater tendency to irritation than those who simply puff without inhaling. A chronic cough, usually most apparent in the morning on arising, is perhaps the commonest symptom of irritation of the respiratory tract from smoking.

Even those who smoke only a few cigarettes a day may be subject to an annoying tickle or cough. However, it is dangerous to assume that a cough is caused by smoking until at least three steps have been taken: 1) an X-ray examination of the lungs; 2) a history and physical examination by a physician to exclude the presence of other disorders that can cause chronic cough; and 3) abstinence from smoking for a while, to find out whether this will lead to complete relief from the cough.

Varying degrees of hoarseness and voice fatigue are symptoms of "smokers' larynx." Swelling, redness, and even thickening of the vocal chords are consequences of prolonged, heavy smoking in some persons.

#### Cancer of the lung

In the past few years the focus has shifted from the influence of smoking on vascular disease to its possible relation to cancer of the lung. Vital statistics show few trends more dramatic than the rise during the past 30 years in the death rate from cancer of the lung. Only a part of this increase can be attributed to aging of our population, or to improvements in diagnosis by physicians. The rising incidence of cancer of the lung is assumed by some experts to result from several environmental factors, among them surface dust from tarred roads; exhaust fumes from motors; fumes, dust, and smoke from gas works and industrial plants; and, lastly and closer to many hearts, tobacco. The most vigorously advocated hypothesis today is that heavy smoking (more than 20 cigarettes a day) over a period of many years is one of the most important factors, if not the most important of all. This hypothesis seems to be particularly plausible since there has been a progressive rise in the use of tobacco, particularly of cigarettes, parallel with the rising incidence in lung cancer.

Experimental work with animals has not conclusively implicated tobacco as a cause of cancer of the lung, despite the fact that tars collected from tobacco smoke can produce cancer in some animals. Arsenic is also a well known carcinogenic agent, capable of causing cancer both in humans and experimental animals, and in the United States tobacco leaves are sprayed heavily with lead arsenate to control insect infestation. Studies of the arsenic content of whole tobacco and of tobacco smoke, both in England and in this country, show that appreciable amounts of arsenic are present in cigar, pipe, and cigarette tobacco; that from about 8% to 18% of the arsenic in the tobacco may be found in the smoke; and that "main stream" smoke, when inhaled, can introduce into the respiratory tract an appreciable amount of arsenic over a period of years.

That arsenic is inhaled in tobacco smoke does not prove that arsenic causes cancer of the lung, nor, even more important, that smoking causes cancer of the lung. More conclusive experimental and clinical data are needed. To help settle this point, the American Cancer Society has undertaken a special project of real importance. From 200,000 to 300,000 men, between the ages of 50 and 69 (the period in which cancer of the lung has its highest incidence), will be questioned and kept under observation for several years

Continued on next page

CONSUMER REPORTS 73

with health themes, which were  
being in the FTC's latest actions  
against. All other cigarette brands  
using end of FTC actions against  
health themes still remain (see page  
which are currently using such  
as, Pall Mall, Old Gold)

## NOSE, THROAT,

Respiratory Organs not Adversely  
Affected by Smoking Chesterfields

A recent study by the U.S. Public Health Service, which was conducted by the U.S. Surgeon General, Dr. C. Everett Koop, Jr., has shown that the respiratory organs are not adversely affected by smoking Chesterfields. The study was conducted over a period of 10 years and involved the examination of 10,000 men who had smoked Chesterfields for 10 years or more. The results of the study showed that the respiratory organs of these men were in good health and that there was no evidence of any adverse effects from smoking Chesterfields.

FEDERAL TRADE COMMISSION  
Washington 25, D.C.  
OFFICE OF INFORMATION  
FT-6500, Ext. 355

RELEASE

FOR IMMEDIATE RELEASE  
October 25, 1966

Statement of the Federal Trade Commission regarding the recent decision of the U.S. Supreme Court in the case of *FTC v. Philip Morris Inc.* The Commission is pleased to announce that the Supreme Court has affirmed the Commission's order requiring Philip Morris to disclose the health effects of its cigarettes. This decision is a significant step in the Commission's ongoing efforts to protect consumers from deceptive advertising practices.

## cigarettes continued

by volunteer workers of the Society. Volunteers in selected counties of ten different states will record the smoking and medical histories of ten men each.

The follow-up method of study of the American Cancer Society should overcome some of the deficiencies in previous methods of investigation. But it will be several years before answers will be forthcoming. If it should be proved that heavy tobacco smoking (particularly of cigarettes) over many years is a factor in the cause of cancer of the lung, it will then be up to the smoker to determine if he wishes to take his chances in acquiring cancer of the lung in exchange for the comforts, pleasures, and stimulant or relative effects that smoking provides. Car-driving on American roads is the leading cause of accidental death today, and most of us take the risk.

There is also inconclusive evidence about the effects of tobacco on the body in physical performance and endurance in athletic contests. About all that has ever been shown is that susceptibility to the effects of tobacco varies widely among individuals. While some persons smoke in moderation without impairment of athletic proficiency, others have exhibited poor performance after smoking for some time.

Heavy smoking of pipes, cigars or cigarettes is known to cause irritation of the mouth and throat, often of such intensity as to lead to the development of localized areas of thickening or "leukoplakia" of the mouth. This thickening is considered a potential cancerous or pre-cancerous condition. If the condition is detected, the pre-cancerous stage will usually disappear if smoking is stopped.

With respect to tobacco or its ingredients as a factor in causing disease of the stomach and intestines, a recent, carefully conducted study was done by Drs. Berman and Ehrenfeld of New York University, College of Medicine. A careful review of published work has convinced them that "tobacco smoking is not . . . a factor in the causation of peptic ulcer, cancer of the stomach or of the small intestine. But there is evidence that 'smoking may result in functional disturbances which may simulate organic disease or aggravate functional or organic disease.' It is particularly the person with an active peptic ulcer who is likely to be harmed by smoke. His response to treatment will be more unsatisfactory than that of the patient who gives up smoking entirely.

Rarely, tobacco smoking may cause a disorder of the eye described as "retrobulbar neuritis," associated with varying degrees of impairment of vision.

In view of the incontestable toxic and irritating effects of tobacco smoking, and in view of the possible connection between heavy cigarette smoking and cancer of the lung, it may properly be asked whether the pleasures and comforts of smoking are worth the candle. To denounce the habitual smoker as a weak-willed, degenerate addict digging his own grave is hardly a reasonable answer to a problem involving millions of normal, well-adjusted persons who are habitual smokers. Although craving is exhibited by heavy smokers when tobacco is removed, there is no evidence that true physical addiction occurs, as

with opium drugs. Nor is there evidence that profound psychological disturbances occur when tobacco is withdrawn. According to Professor William T. Saher of the Yale University School of Medicine, "It would seem . . . that tobacco is as habit forming as breakfast coffee, chewing gum, lollipops and several other forms of habitual indulgence."

The issue is not whether tobacco is habit forming—since everyone is agreed that it is. The issue is whether the tobacco habit is so harmful as to require a serious reduction in smoking or even complete abstinence. This issue is not resolved by pointing to Raymond Pearl's famous report of 15 years ago, which showed that beyond the age of 30 only 63% of habitual heavy smokers could expect to survive to the age of 50, as against 81% of abstainers, since it was not at all made clear in that report whether the shortened life expectancy was due to tobacco or to some nervous condition which predisposed toward the use of tobacco.

However the habit is acquired, smoking is an activity that serves to reduce the inner nervous tensions and strains resulting from man's exposure to the stresses and responsibilities imposed by society. It helps him to perform more effectively in his work and personal relationships. It would seem to be, at the least, a less harmful method of adaptation than alcohol addiction or even, in many cases, overeating. Many doctors have noted that when a patient successfully gives up tobacco, his appetite increases and he puts on weight. But it is questionable that overeating (and its consequence, overweight) is a more desirable habit than smoking; certainly it is not for some persons with heart or vascular disorders.


### To summarize

There are instances, as in Buerger's Disease and similar affections, where the risks of smoking are so serious that despite the satisfaction provided by smoking, it must be sacrificed to avoid loss of limb, sight, or life. In leukoplakia of the mouth or tongue brought on by smoking, the probability of cancer development is serious enough to demand a similar prohibition. In ulcer of the stomach and some other ailments, although nicotine can be an aggravating influence, some physicians, nevertheless, permit moderate use of low-nicotine cigarettes on the ground that any physical irritation is offset by the analgesia smoking may offer against life's problems.

As for cancer of the lung, while it has not been conclusively proved that heavy smoking is a major factor in its rising incidence, the evidence for such an indictment is very suggestive. Until proof is forthcoming, it is obvious that those who can should cut their smoking to what is considered moderate levels—certainly not more than a pack a day. Those who cannot should understand that they are taking a risk of unknown dimensions, and should get an X ray of their lungs every six months.

For those who wish to overcome the tobacco habit, doctors often prescribe strong astringent mouth washes or rinses. Proprietary tablets or lozenges containing similar astringents, as well as nauseating drugs, are also sold. It has never been shown that such preparations are an effective long-range curb on the smoking habit.

# Index



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1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 2680, 26

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Westbrook, Debra

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1. The first step in the process of the investigation is the identification of the problem. This involves a thorough review of the available information and a clear definition of the issue at hand. Once the problem is identified, the next step is to gather relevant data and information. This can be done through various methods, including interviews, surveys, and document analysis. The third step is to analyze the data and information gathered. This involves identifying patterns, trends, and potential causes of the problem. The final step is to develop and implement a solution. This may involve creating a plan, allocating resources, and monitoring progress. The process of investigation is a continuous one, and it may be necessary to revisit previous steps as more information is gathered or as the situation evolves.

[illegible]

the 1990s, the number of people in the world who are under 15 years of age is expected to increase from 1.1 billion to 1.5 billion. The number of people aged 65 and over is expected to increase from 200 million to 400 million. The number of people aged 15 and over is expected to increase from 3.5 billion to 4.5 billion. The number of people aged 15 and over is expected to increase from 3.5 billion to 4.5 billion. The number of people aged 15 and over is expected to increase from 3.5 billion to 4.5 billion.

the 1990s, the number of people in the world who are under 15 years of age is expected to increase from 1.1 billion to 1.5 billion. The number of people aged 65 and over is expected to increase from 250 million to 450 million. The number of people aged 15 and over is expected to increase from 3.5 billion to 4.5 billion. The number of people aged 15 and over is expected to increase from 3.5 billion to 4.5 billion. The number of people aged 15 and over is expected to increase from 3.5 billion to 4.5 billion.

1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the problem.

**BEST IMAGE**

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51913 1929

BEST IMAGE

# MEDICAL MAILBOX

By Cory SerVaas, M.D.

"A few observations and much reasoning leads to error;  
many observations and little reasoning to truth." — Alexis Carrel (1873-1944)

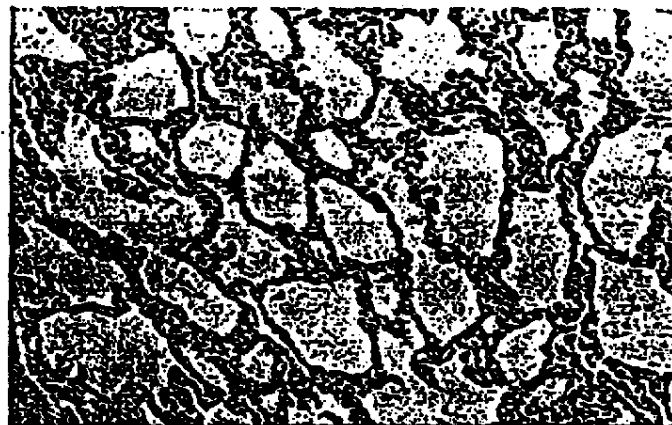
*What exactly does emphysema do to the lungs? Since it is not a contagious infection or tumor, how does it affect the lung tissue? What causes emphysema to leave one short of breath? My husband smokes a pack of cigarettes a day and I think he is getting emphysema.*

Healthy lungs are made up of a soft spongy tissue containing millions of tiny air sacs called alveoli, each one opening off the branching passages called bronchi. When the healthy person takes a deep breath, air fills these tiny air sacs, and through thin alveolar walls oxygen passes into the bloodstream, while carbon dioxide from the blood passes into the air to be exhaled when the lungs empty.

Emphysema occurs when the alveolar walls disintegrate, resulting in less surface for the oxygen-carbon dioxide exchange. The many small alveolar sacs are replaced by coarse "holes" in the lung tissue (see diagrams).

As the disease progresses there is of course less lung tissue in contact with the air, and the lungs work less efficiently. Understandably, the person suffering from emphysema struggles hard to breathe, gasping and wheezing in an effort to pull more air into the parts of his lungs that still function.

Unfortunately for cigarette smokers, the early diagnosis of emphysema presents difficulties, and the disease may progress without symptoms for years. The earliest symptom is shortness of breath, especially with exertion. There is no reversing the course of the disease since the lungs cannot regenerate lost tissue, but stopping smoking can arrest further damage.



Cross section of normal lung tissue, showing many small air (alveoli) with relatively thick walls surrounding and separating



Reprinted with permission from Medical Resources Program, Indiana University

Cross section of lung tissue damaged by emphysema, showing large air spaces and thin, broken alveolar walls.

## HOW MUCH DO YOU SMOKE?

Photos of whole lung sections show changes of pulmonary emphysema as related to smoking habits.

None?



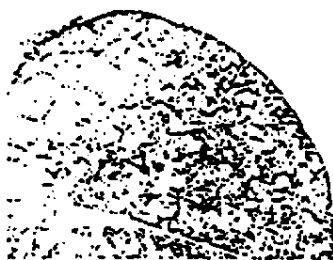
The bronchi and blood vessels appear as small round holes in this normal lung.

1/2 pack?



Small holes in upper lung typical of early emphysema.

1 pack?



A later stage showing larger holes in the lung.

2 or more?



Many large holes representing far advanced emphysema.

*I have read that drinking low-fat or skimmed milk, rather than whole milk helps to prevent the artery diseases can lead to heart attack or stroke. I have also read artery disease is becoming increasingly common in young people. Does this mean that children should low-fat rather than whole milk?*

At present the consensus among nutritionists is that milk should be recommended for most children. Whole milk contains 3.5 percent fat as compared with 2 percent in low-fat. If children are normally active their bodies will convert the fat into energy and it won't cause problems. Desk-bound and sedentary teenagers are better candidates for atherosclerosis (fatty deposits in the arterial walls) and they are the ones who should be drinking low-fat or skimmed milk.

There are special cases where low-fat or skimmed milk is recommended for children. These would include children who are greatly overweight and children who suffer from an inborn metabolic defect that causes a high level of cholesterol in the blood serum. For these children skimmed milk will

# NO SMOKING: NO IFS, ANDS OR BUTTS

*Nonsmokers are lighting up over the good news that entire buildings, planes, restaurants and lodgings are now off limits to smokers.*

*by Nick Thimmesch*

The antismoking movement, that dedicated gang of activists determined to clean up the indoor air and also to persuade people to quit smoking, is having a profound and even fascinating effect on the nation's business.

Personnel directors, learning that an employee who smokes can cost a firm up to \$4,500 a year, are having second thoughts about hiring smokers or allowing smoking on the job. Managers reflect on this question when an employee wins a cash settlement, successfully litigating a claim of damaged health resulting from working in a smoke-ridden environment. High-level executives ponder the news that 34 million people have quit smoking, and that only one-third of the adults in the United

States now smoke.

The business community's reaction shows up in the help-wanted ads specifying that "only nonsmokers need apply." Radar-Electric Inc. of Seattle hands applicants a form with "Do You Smoke?" written in red ink at the top. If the answer is "Yes," applicants are told to forget about filling in the rest of the form.

Increasing numbers of companies have greatly restricted smoking on their premises. Big corporations such as Mobil Oil, Sears, Johns-Manville, Xerox, the Bank of California, and Travelers Insurance took the lead in this category, ruffling some employees' feelings in the process.

Similarly, federal workers must now abide by smoking-zone regula-

tions. A number of states have passed comprehensive bills affirming nonsmokers' rights, and some states greatly restrict smoking in public buildings. Minnesota's "Clean Indoor Air Act" requires no-smoking areas in all buildings open to the general public. Bars and tobacco stores are excepted.

The national trend is clearly for greater expanses of no-smoking areas in our public life. The residue of smoking costs big bucks in cleaning, maintenance, repair and replacement. The financial penalty in lowered productivity, absenteeism and health, disability and death benefits makes any corporate or government bottom-line specialist become a potential convert to the no-smoking cause.

Interestingly enough, some businessmen are seeing the marketing value of providing a smoke-free environment to their customers. When Lamar Muse started his perky Muse Airlines in 1981, he frankly needed a gimmick to set Muse off from all the other airlines competing for Texas travelers. Aware that the smoking section on any plane has shrunk in recent years, Muse, a 30-year veteran of the business, announced that his new airline would be strictly "no smoking."

Results? Muse got considerable publicity, has a seatload factor quite good for a newcomer and is making money.

Thrifty-Rent-A-Car, the nation's fifth largest in this field, designated 12 percent of its fleet as no smoking in late 1982 and reports "extremely good results." Thrifty received many letters from grateful nonsmokers and inquiries from two other big car-rental companies who are considering putting a part of



One night in a Kansas City motel, the pillow on which Lyndon Sanders was sleeping reeked so badly of smoke that he decided to start a nonsmoking inn. Among the



their fleets into the no-smoking category.

Hotel operators, who are traditionally willing to cater to the whims and variety of lifestyles of their guests, are now setting aside entire floors for clients who want a smoke-free environment. Many hostleries, including the luxurious sort in the Hyatt Regency, Radisson and Four Seasons chains, provide rooms reserved strictly for nonsmokers. At this writing, there is one motel operator bold enough to designate his entire establishment as no smoking: The "Non-Smokers Inn" in

The entrepreneurs who felt the first pressure of the smoking movement are restaurant and cafeteria owners. For many diners there is nothing more obnoxious than smoke drifting into the nostrils and mouth while enjoying a meal.

Many restaurant operators have responded to the complaints by nonsmokers and have tried to set aside nonsmoking sections and in some instances have even made sure that their establishments are entirely unpolished by any pernicious smoke fumes. There is no official count available on the number of such dining places, but they're increasing at a rapid rate.

As the nonsmoking movement spread throughout this country during the '70s, so did "networking," the practice of exchanging information and advice among any group of people who have a common interest. The pioneer organization ASH (Action on Smoking on Health) became the focal point for the litigation, lobbying and the public-information activity of the budding movement.

Now, in the economic area, it is Muse Airlines, founded and run by Lamar Muse and his son, Michael, which has assumed the chore of coordinating the efforts to provide complete travel arrangements specifically designed for nonsmoking customers.

Muse operates out of Dallas, Houston, Midland/Odessa, Tulsa and Los Angeles. So the Muses, father and son, came up with the

idea of offering nonsmoking travelers in these markets not only the smoke-free ride in one of their DC Super-80s, but smoke-free Thrifty-Rent-A-Cars and lodgings in nine hotels and motels providing a smokeless environment. So now travel agents have one more "package" to sell—this one for nonsmokers.

Lamar Muse, 62, is known as a willful, flamboyant and successful airline executive. Years ago, he was the principal figure in launching Southwest Airlines in Texas. Yet his vigorous manner of giving orders

Lamar Muse, who had just quit smoking after 40 years, made the bold announcement that his would be the first nonsmoking airline. He also began issuing statements as to why he quit smoking.

"I started feeling as though there was an elephant on my chest," he said of his addiction to cigarettes. He added the reflective observation that his first wife, Jaunice, "smoked those darn Camel cigarettes until the day she went into a coma."

Muse knew how to get to people's consciences, as well. "We know that there are a few confirmed smokers, who, even though they spend an hour in church every Sunday without smoking, will ride the competition's plane on the 50-minute flight between Dallas and Houston because we prohibit their smoking," he proclaimed the day when his airline was launched.

There are cynics in Dallas who claim that Lamar Muse, who once flipped cigarette butts onto his lawn or anywhere else every five minutes, had trained himself to stop smoking just so he could have a gimmick for his new airline.

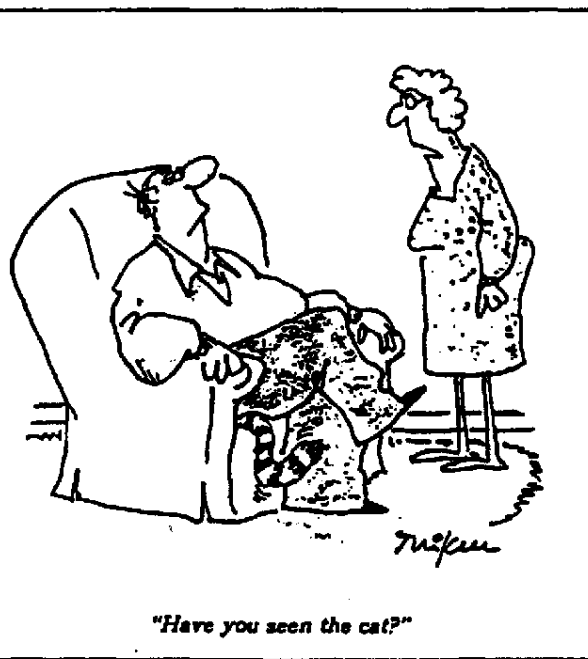
Muse swears this isn't true, but admits that his no-smoking edict for his airline was "purely a marketing decision."

"This country has changed," he says. "Our surveys indicated that 9 out of 10 airline passengers prefer nonsmoking."

Still, son Michael, 33, a lifelong nonsmoker, wasn't sure that the smoking ban would work and worried that smokers would shun the new airline, leaving it to only ideological nonsmokers. "I had to prevail," recalled Lamar, who made himself chief executive officer to Michael's mere presidency. "I just said, 'that's the way we're going to do it.'"

Muse the elder reasoned that since their airline's principal trips were 50 minutes, only 30 to 40 of which could be used as smoking time, smokers wouldn't mind the relatively brief abstinence period.

To keep smokers happy, Muse gave them "Smoker's Survival



51973 1932



Kits," little packets containing a puzzle, chewing gum, candy, and a form offering "heavy smokers" a free return trip if they sign their names after this statement: "Sorry, I thought I could make it without smoking, but I couldn't."

Very few passengers have sent in the form. According to Edward Lang, the overwhelming majority of responses to the smoking ban have been enthusiastic approval.

"My wife is a chain smoker," a California man wrote. "She felt the excellent service and friendly personnel made up for the loss of being able to smoke. However, she might start chewing tobacco as an alternative."

Another passenger made it short: "I'll fly Muse when I can because you don't allow smoking." One passenger, "a confirmed smoker," expressed "great fears that I may not be able to sustain myself," but said the congenial crew and clean airplane made him decide to fly Muse again. Yet another letter was signed by 20 people expressing appreciation for the no-smoking policy and saying "We love you."

Lang says proof of loyalty to Muse is the fact that, at certain times during the day, Southwest has Dallas-Houston flights every 15 minutes while there is only one every hour by Muse, and yet Muse passengers will wait.

"If people miss our 8:00 a.m. flight," Lang says, "the next one is 9:00 a.m. They could catch it on even three Southwest flights before 9:00, but they stick with us."

Lang says Muse's load factor is 58 percent—just four points behind Southwest's.

When Lamar decided to introduce a Dallas-Los Angeles run, the old doubts surfaced again. Asking smokers to hold off for 30 to 40 minutes is one thing, but could they sit still for the three-hour flight to the West Coast?

"I called on 13 travel agencies to convince myself," says Lang. "All but one told me not to have Muse go back to smoking. They said we had built a loyal base of customers."

Muse can rightly claim that its planes are the best smelling; air-filters have to be cleaned once every six months instead of every six weeks; and crew members' absenteeism and sick leave costs are less than airlines that permit smoking.

Although Lang claims "Muse is not part of the antismoking movement," the airline has joined promotions by the American Cancer Society ("The Great American Smokeout") and the American Heart Association (making donations to AHA for each round-trip ticket purchase).

The no-smoking rule on Muse presents occasional problems. Some smokers repair to the restrooms and puff away, thus violating the ban and endangering the flight, because lavatories are quite vulnerable to catching fire and airplanes on fire are deathtraps. Muse trains its flight attendants to be especially attentive to this potential, and it has installed smoke alarms in the lavatories.

And while Muse got an enormous amount of publicity for its no-smoking policy and its alliances with the American Cancer Society and the American Heart Association, there is no ban on smoking in Muse Airlines offices or for that matter in the cockpit of Muse planes. "Pilots can smoke while flying," Lang admits. "They have to keep the door closed, of course. I guess 30 to 40 percent of our pilots are smokers."

Still, Muse flight attendants go up and down the aisle, tending to passengers' comforts, even thanking them for flying with Muse.

"One passenger replied, 'I had no choice,'" says Lang. "He was a prisoner being taken to Texas. The security officer told him his sentence would start on the flight because this prisoner was a heavy smoker."

Thrifty-Rent-A-Car has designated 2,700 of its 22,000 cars as no smoking and offers them in 60 cities. "The response has been tremendous," says Douglas E. Harrison, Thrifty's vice president of operations. "These cars just smell fresh and clean, and that's why people ask for them."

"Thank You for Not Smoking" signs, as well as the international symbol showing that smoking is banned, are placed on the doors, dashboards, ashtrays and trunk decks of these cars.

"We researched the marketability of no-smoking cars," says Harrison, "and concluded this alternative made good business sense. The majority of people today are nonsmokers."

"We save on cleaning costs from not having to repair burns on the



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carpets and the seats. Smoke film doesn't build up on the windows. And when we go to sell the car, we do better than we do with other cars because the no-smoking cars don't have that used smell.

"It's a matter of relying on people's integrity when you ask them not to smoke in these cars. If they reach down for the ashtray, they'll discover it's full of mints. We think the smokers who rent nonsmoking cars and are tempted can be pacified by these mints."

Harrison reports an "extremely good response" from customers using the no-smoking cars, and says two other major rental companies have asked Thrifty how this innovation works.

When a guest registers at Sanders' "Non-Smokers Inn" on the Carpenter Freeway in Dallas West, he or she must sign a "Nonsmoking Agreement" in red letters.

The agreement specifies that the guest, any person in my party, or any guest of mine will not smoke in the room rented. If that agreement is violated, the guest must pay \$100 in "cleaning and detoxification charges," and if a suit is filed for violation, the guest must agree to pay "reasonable" attorney's fees and incidental expenses that the inn incurs.

This is a rather tough prohibition, but it hasn't kept people away from the one and only hostelry in the republic which has an absolute ban on smoking anywhere on the premises. Moreover, if a guest is caught smoking and insists on continuing, he or she can expect to be evicted from the premises. That's how determined Sanders is.

Perhaps a half-dozen of the 65,000 guests who have stayed at the inn since it opened in March 1982 were involved in smoking, and each time it caused a ruckus akin to that at the Ivory Soap company the day one of the "It Floats" bars sank in the company swimming pool.

"One of them was a doper," says Sanders, 54. "He left his dope paraphernalia, which we confiscated along with his other personal effects. He never returned to claim

these things.

"Two other instances involved a guest's visitor who reached in from habit and lit a cigarette. The guest flushed it down the commode immediately, and called us. We made an inspection and used a deodorant. The guest agreed we could inspect the room on checkout, and if there was any trace of smoke, the \$100 would be paid for super-cleaning. We inspected, and there was no trace."

Sanders' associate is Wandra Hodges, 45, a militant antismoker, married to a smoker for 25 years

On March 15, 1974, a date as sacred as the fall of the Alamo to this Texan, Sanders opened a 15-room section of his Dollar Inn in Albuquerque, New Mexico. The section soon recorded the highest occupancy rate in the motel and was expanded to cover half the rooms in the 218-unit inn.

"We had guards patrolling the inn in Albuquerque," says Wandra Hodges, "and they had German shepherds with them. If a guest smoked in a no-smoking room and made trouble, the dogs would be a help. If the smoker still didn't cooperate, we would call the police."

Actually, troublesome situations at either of Sanders' inns are rare. He makes the plausible claim that nonsmokers are better behaved as guests. "They are more thoughtful than smokers," he says. "We have never had to call the police for drunkenness, theft or other type problems at Non-Smokers Inn."

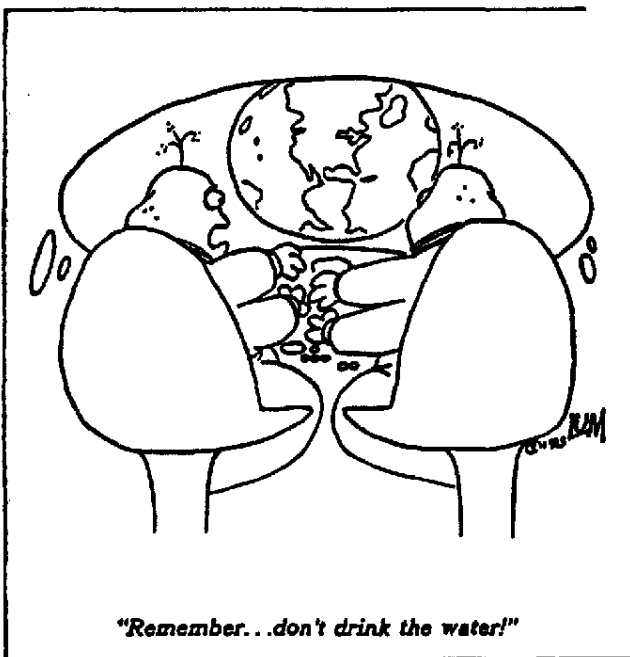
Sanders claims that operating costs at his Dallas inn are 30 percent less than they are in a conventional motel because of savings in cleaning, replacement of drapes, carpets, bedding and even furniture, which can be marred by burns. This saving, he says, makes it possible for the Non-Smokers Inn to offer rates ranging from \$32 to \$56 a

night (Governor's Unit), somewhat lower than those of motels with comparable facilities.

The inn's rooms are quite nice and verge on being luxurious. They have two touchtone phones (one in the bath), color TV (on cable), an FM radio, comfortable, large beds, a free health spa and swimming pool and complimentary coffee or tea in the morning.

The security is quite good. A magnetic card opens the room door. There are guards inside and out, according to Wandra Hodges. And of course, the danger of fire is minimal since a major cause of fire—smoking—is monitored by special smoke detectors in each room.

If nonsmokers are better behaved and more productive, as no-smoking advocates believe, then the Non-



before she divorced him. "I collected once from two young men who got right in the room and let their guests come in and smoke," she said. "We couldn't rent that room for two weeks. We fumigated and super-cleaned it, and still, a guest came in one month after that and said she could smell the smoke. She was super-sensitive, so we moved her to another room."

When Sanders was a youth he smoked, but soon came to hate it with a passion. After a career as a teacher in the '50s, he finally settled into the motel business. Recalling nights in rooms smelling of smoke residue, including one bad night in Kansas City where "my pillow reeked of smoke," Sanders determined to put his antismoking conviction into practice.

51973 1934

Smokers Inn personnel should be a cut above the run of motel employees. Why? Because Wandra Hodges will not hire smokers.

Moreover, she makes all new employees sign an agreement stating: "I do not smoke and I will not smoke. Further, in the event I have been around those who do smoke for any reason, and it is noticeable, I will change my clothes, bathe and shampoo my hair, if necessary. I further agree, should I smoke, I will tender my resignation immediately."

Even to get an interview for a job, the applicant must tell me that she hasn't smoked in six months," Wandra says. "We had a husband-and-wife team here once as managers, and they were not crusaders. It didn't work out. She had smoked just before they came here. Wandra paused and said, in a low voice, "It just didn't work out."

The inn was a bit of a curiosity when it was being built and during the first year of operation. Sanders had announced that his motivation in opening it was that he wanted the loss of several people "near and dear to me," killed, he said, by smoking. "It kills 1,000 Americans every day," he said of tobacco smokers.

Still, he got nuisance phone calls from people telling him he was "dumb" to open a nonsmoker's inn. Then there was the subcontractor at the construction site who, on learning what the motel was all about, said, "Oh yeah? 'I'll light 'em up right now." He did, and blew the smoke in Sanders' face.

Building time took longer than expected, according to Wandra Hodges, because of Sanders' insistence that, once the doors and windows were in place, no worker could smoke on the job. "We told them they had to leave their cigarettes in the car or at home," she explained.

"Several times when deliverymen showed up they had cigarettes in their mouths. We had to stop that. Then one guy shows up with three big cigarettes in his mouth. But they weren't lit.

"At certain times of the month, people drive up here and empty their ashtrays onto our driveway and then hurry away. Once a lady came in here smoking, and I stopped her at

the door, looked her in the eye and said, 'You can't bring that cigarette in here!' She went out to the gutter and stomped it out."

But Sanders and Wandra have their outgoing sides, too, and it is expressed in their practice of giving free donuts to people who work for the airlines and rental agencies in hopes they will refer nonsmokers to the inn. The monthly donut bill is \$1,400, and Sanders regards it as a good investment.

The Non-Smokers Inn managed to turn a profit in its first year. The average occupancy rate of Dallas hotels, Wandra says, runs between 60 and 68 percent. According to Wandra, the Non-Smokers Inn is running 74 percent, and the number is rising.

She and Sanders will not rent rooms to smokers. They love to mouth and print these antitobacco aphorisms:

1. Smoking is colorful—black lungs, yellow teeth.
2. Kissing someone who smokes is like licking out of a dirty old ash-tray.
3. Cancer cures smoking.

Wandra admits there are moments at the inn, however, when it's tough to make a decision. "Two men came here chewing cigars," she said. "We let them in as guests, and I am sure they didn't smoke. But they sure chewed a lot."

*continued next issue*

*Next issue: How to get a bonus from your boss for not smoking. Your rights when coworkers exhale smoke in your work area. How workers in one industry have been able to reduce their cancer risk by 92 times. And how to breathe easily even while your favorite team is losing.*

*Corporations have traditionally been more worried about running their businesses smoothly than they have been about getting involved in controversial social issues. But more and more companies have seen the light when it comes to lighting up. In the next issue, Nick Timmesch takes a look at the economics of smoking: What's being done in the workplace to clean up the mess that smoking causes, and who's behind the push.*

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51973 1935

# NO-SMOKING SIGNALS FROM THE WORKPLACE

*So concerned are some corporate managers about the harmful effects of smoking that "if the President of the United States came in and lit up, he'd be expelled immediately."*

**by Nick Thimmesch**

## Part II

Historically, most business people are satisfied if their firms run relatively free of trouble, turn a profit and seem headed for a successful future. Few pioneer in controversial actions such as being ahead of the pack on the issues of equal opportunity in employment and nonsmoker's rights. But there are some lively exceptions.

"If the President of the United States came in and lit up," says Oscar Austad, president of his own company in Sioux Falls, South Dakota, "we would expel him immediately."

Austad is a purist. No one—suppliers, customers, employees or visitors—smokes on his premises or grounds. He claims his employees,

most of whom don't smoke, are grateful. Customers, he says, offer few complaints and many compliments.

But most managers aren't owners, and even if they are, they are not as ardent as Austad. So companies have been careful in formulating rules for smoking in the workplace.

Mobil Oil got so many requests from its employees in the New York headquarters that it designated a major portion of its cafeteria as nonsmoking. The Bank of California permits employees to place "No Smoking" signs at their desks. Sears Roebuck & Co. divided its conference rooms in New York City for smokers and nonsmokers. New England Mutual Life Insurance Co. did the same and also removed

cigarette vending machines from its Boston headquarters.

Xerox Corporation encourages employees in its Stamford, Connecticut, offices to "take action" against smoking on the job, and provides its employees with signs reading either "Thank You For Not Smoking" or "Positively No Smoking."

Newspaper people are often depicted in films and on television as being heavy smokers. But the "Front Page" atmosphere is a thing of the past at many papers these days. The *Wall Street Journal* divides its New York copy desk into smoking and nonsmoking areas. The *Chicago Tribune*, though having no written rule on smoking, has designated many areas in its building as "no smoking."

Companies involved in the processing and handling of asbestos, such as Johns-Manville Corp. and Nicolet Industries, have taken extra precautions on smoking since medical research shows that asbestos workers run a 92-times-greater risk of getting lung cancer if they smoke. Johns-Manville won't hire smokers for its asbestos mines or in plants processing asbestos. Smoking in such mines and plants is prohibited, even in cafeterias and parking lots. Still, unions have protested these policies, claiming that the company should provide smoking areas for its employees.

Many firms offer incentives to employees to get them to quit smoking. Some pay bonuses, others finance courses to break the habit and some make straight cash payments to workers who stop. Merle Norman Cosmetics of Los Angeles, for ex-



By putting 12 percent of its fleet off-limits to smokers, Thrifty-Rent-A-Car (see part I) has not only won the praise of many a nonsmoker but may have inspired two other big car-rental companies to become copycats.

*continued on following page*

51973 1936

ample, forbids its employees to smoke and gives each one \$10 every 90 days as a thank-you.

Some crusaders against smoking are now suing to prohibit smoking in sports areas and domed stadiums. But realists in the movement admit that a total prohibition on smoking in these caverns makes the crowd laugh whenever such an announcement is made. It is more practical to establish smoking and nonsmoking sections in these huge facilities.

Can you imagine a dancehall or disco that bans smoking? Well, there are many, and one that ASH likes to point to is the Fresh Air Boogie Box dancehall and social club for non-smokers in Addison, Texas.

Once, smoking was a prestigious habit, and movie stars and sports heroes, with cigarettes in their mouths were the role models. Today, the reverse is true, and cigarettes are as pilloried as "demon rum" once was.

Dr. William L. Weis, assistant professor of business administration at Seattle University, loves to push his argument by asking entrepreneurs:

"Would you like to shave personnel costs by 20 percent, insurance premiums by 30 percent, maintenance charges by 50 percent, furniture replacement by 50 percent and disability payments by 75 percent?"

The answer, of course, says Dr. Weis, is a 79-cent sign reading: "NO SMOKING." He argues that the additional annual cost to a firm employing smokers and allowing smoking in the workplace is \$4,611 in 1981 dollars. Dow Chemical Co. in 1974 estimated that its total excess costs in wages for smoking employees versus nonsmokers for its Midland, Michigan, division alone was \$657,146 per year. Cigarette smokers missed 5.5 more days a year than their nonsmoking colleagues, Dow reported.

Environmental Improvement Associates reports that the national average for smoking employees shows they lose 17 percent more work days because of smoking-related illnesses, can be up to 10 percent less efficient than nonsmoking

employees, become ill 3.5 times more often on the job than nonsmokers and have twice as many accidents.

The economic case goes on and on: Air conditioning requirements are six times greater for smoked-up rooms; a smokefree building can be constructed for 30 percent less money; and housekeeping costs for buildings where smoking is permitted are substantially higher than they are in no-smoking buildings.

The health costs are more difficult to compute, but it has now been clearly established that people

was often painful.

No activist shook the tobacco industry, rattling vast areas of business in the process, more than John F. Banzhaf shook it. He founded ASH in March 1968, when he was only 27. The year before, Banzhaf had won fame when he single-handedly and successfully petitioned the Federal Communications Commission to require broadcasters to devote substantial time to nonsmoking messages (commercials).

Since then, ASH has led the fight against the jeopardies of smoking on a score of fronts and helped bring about large smokefree areas in American life. One of the first was that rather confining space of an airliner that is known as the passenger section.

"In 1971, I phoned Edward E. Carlson, president of United Airlines," Banzhaf recalls, "and told him we had a sick guy, quite sensitive to smoke, who had to fly from Chicago to Florida, so what should we do?"

"I didn't say ASH would go to court, but he understood. He took my suggestion of segregating the smokers and was so pleased with the results that he made it general policy."

Banzhaf and other activists hammered away at federal regulatory agencies and the airlines, causing them to shrink the smoking section to generally less

than 30 percent of seats, to always guarantee passengers seats in nonsmoking and to virtually eliminate the problem of cigar and pipe smoking.

ASH's most recent victory was a ruling that the Civil Aeronautics Board must not rescind regulations providing that: Ventilation systems must be fully functioning when smoking is permitted; passengers in "no smoking" must not be "unreasonably burdened" by drifting smoke; pipe and cigar smokers must be "specially segregated."

"Now we're going after planes with fewer than 30 seats that are exempted," Banzhaf says. "We'd also like to ban all smoking on short flights."



"The neighbors won't get out of our pool, Spot—you know the plan...."

breathing somebody else's smoke suffer health damage, and this fact has formed the telling argument in an increasing number of lawsuits. Linda Batchelor, an employee of Fresno County, California, for ten years, won a workmen's compensation suit for \$17,500 after she argued that her employers ignored her pleas that her respiratory problems were being caused by nearby smokers.

The United States, more than any country in the world, is a nation where petitioners and activists can bring about great changes in the law and in society. Businessmen were reminded of this verity in the turbulent years of the '60s and '70s, when public interest groups of the Nader variety sprang up everywhere to challenge the status quo. The lesson

51973 1937

continued on following page

Operators of bus lines and passenger trains didn't roll over and play dead for ASH either, but today only the rear 30 percent of buses are for smokers, and Amtrak has clearly delineated smoking and non-smoking cars.

"Nearly three-quarters of the states have now restricted smoking in public facilities," says Banzhaf, "and the federal government has extensive guidelines for its government-owned buildings."

"We're still having a major problem with smoking in hospitals, of all places. George Washington University right here in the District of Columbia was blatantly violating local laws. Smoking can cause fires in hospitals, especially when a groggy patient drops a cigarette on a bed. But if a doctor permits a patient to smoke, it's hard to make him stop."

Banzhaf says that business has really turned around on the smoking question, that it realizes that the majority, non-smoking public can be offended by employee smoke and that smoking in the everyday workplace costs big money.

"The government rules there is no discrimination violation when an employer says he won't hire a smoker, and that's a plus," says Banzhaf. "Employers don't want to get hit up for big disability payments to workers who can prove that their health has been damaged from smoke."

He claims ASH is not against smokers, only against what they can do to nonsmokers. "The right of a nonsmoker to breathe clean air takes precedence," he says. Banzhaf has interdicted smokers on elevators and has even taken one to court and won his case.

"The future for smokers is in smoking lounges, private offices and the great outdoors," Banzhaf says. "If a smoker wants to close his office door, run around that office, sleep on the floor or smoke there, that's his or her business."

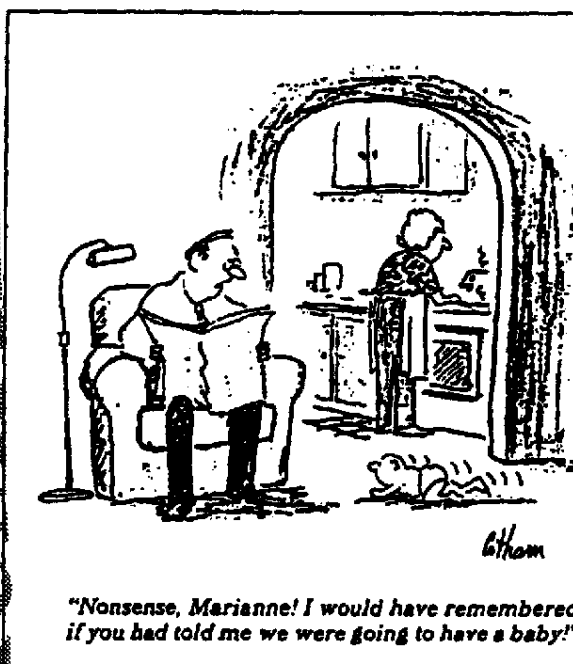
"The attitude toward smoking has really changed since we started ASH. Last year, we had the lowest per capita cigarette consumption

since 1957. Total cigarette consumption has dipped for several years now. We're getting many more people to quit."

"Once, smoking made you socially acceptable. It was done everywhere; it was in every business and workplace. Now, you must go to the back of the bus to smoke. That's how much the tolerance of smoking has changed."

#### Proposals to Curb Employee Smoking

1. Smoking should be prohibited in certain small, enclosed



feasible, the employer need only make reasonable efforts to accommodate the rights and preferences of the nonsmokers and those of the smokers alike.

4. The employer should make every reasonable attempt to provide a workplace free of exposure to tobacco smoke to any worker with serious susceptibility to such smoke. A physician can make a determination whether an employee has such susceptibility.

5. The employer should monitor the workplace for excessive concentrations of tobacco smoke and take appropriate remedial action where necessary.

6. The employer should plan future workplaces so that nonsmokers will not have to involuntarily inhale tobacco smoke during their workday.

7. The employer should improve ventilation where it is necessary to reduce any concentration of tobacco smoke.

8. The employer should, by signs and otherwise, adequately inform workers of the prohibitions and restrictions that are related to smoking in the workplace, and should take reasonable steps to enforce the regulations.

9. Individual workers should have the right to post or display signs at their desks or work areas indicating their sensitivity to tobacco smoke.

Workers should politely request that other persons refrain from smoking in their immediate work vicinity.

10. Workers should have the right, at their own expense and within reason, to monitor concentrations of toxic agents often found in tobacco smoke in their daily work areas.

11. Whenever representatives of OSHA or the individual employer monitors the work environment to ascertain concentrations of carbon monoxide or other toxic agents, all air samples taken should be made under the worst-case conditions, with every employee who customarily smokes a tobacco product in that particular area burning or smoking such product for the complete duration of the test. X

areas, in all medical-care facilities and in all meeting rooms at the workplace.

2. No-smoking areas should be established on the basis of actual usage in dining and recreational facilities at the workplace. Such areas should also be established in all offices or work areas where ten or more employees work, provided that where this would not be feasible, the employer need only make reasonable efforts in order to accommodate the various rights and preferences of the nonsmokers and those of the smokers alike.

3. In all other offices or work areas, nonsmokers should be assigned to nonsmoking offices or areas. Smokers should be assigned to smoking offices or areas, provided that where this would not be

51973 1938



# What You Read Here May

51973 1939

Mouth and throat cancer needn't be fatal—yet the disease kills thousands each year. The symptoms are obvious and easy to check. Read about them. Remember them. They may mean life or death to you or to someone you love

**T**HIS article will save many lives—certainly hundreds and possibly thousands. I feel sure for two reasons: first, the information I am going to discuss is hopeful information about a kind of cancer of the mouth and throat. Second, very few people know the facts I shall present; this magazine will make them known to millions. Of those millions, some would otherwise die because of ignorance.

Most will be men. Indeed, this cancer is called an *affliction for men*—except that every woman who has a stake in a male also needs to know the facts, for her man's sake. Cancer of the mouth and throat occurs about four times as often in men as in women—why, nobody knows.

Writing this article was not my idea (I am not an authority on cancer); it was suggested to me by an editor; no doctor came to me with the suggestion. The real author is a friend of mine who has been a victim of mouth and throat cancer for more than ten years. He is a brave and brilliant man. He has endured so many operations that he might not believe the total number if I were to mention it. He said (or, rather he wrote, for he cannot speak) that if he had known what he knows now, he could have saved himself years of unbelievable misery, and that he can certainly save myself of others from such misery, by telling them.

"You're a writer!" he scribbled on the writing paper. "Why don't you tell them?"

There are also subsidiary authors of this article—other friends similarly afflicted among them a great tycoon who has no larynx any more, and former friends who have died from this affliction, the owner of a country store in Connecticut, and a writer about whom all the world knows, Damon Runyon.

The principal authority for the facts I am presenting is, naturally, a doctor, a world-famous expert on mouth and throat cancer. Although he gladly poured out his knowledge for me, gave me access to the voluminous technical writings which have made him famous, and put at my disposal information from one of the country's leading cancer hospitals, he said, "Keep my name out of it."

I argued hard and long, but I was unable to change his mind. So I am responsible for the presentation, but my friend the surgeon is the main source of the material in this article. And that material consists principally of a single bit of knowledge, which can be set down in two sentences:

First: most cancers of the mouth and throat, if recognized soon enough, can be removed surgically, or otherwise cured (by radiation, for example) with relatively little distress to the patient.

Second: most such cancers, though they soon become very dangerous, give warning of their presence before the dangerous stage is reached.

To save your own life from mouth or throat cancer, or the life of a man who is your best friend, or the life of the man you love, all you may need to know is how to recognize the early symptoms and what to do. In a crowd the size of an average movie audience, you might not find a single layman who had this knowledge.

Yet the early symptoms are generally definite. The first is a sore anywhere in the mouth or the

throat, or on the tongue, gums or cheeks, or on the lips. If it is a cancer sore, it will usually—but not always—be harder or tougher or thicker-feeling than the tissues around it.

All right. You have a sore in your mouth. Do you rush instantly to the doctor?

Not yet—unless the sore is big and nasty when you find it. If it is, drop everything and go to your physician at once. But if the sore is small—somewhat smaller than a dime—wait a week. After a week, if the sore is still present, you stop waiting and hustle to the doctor's office. The chances are it's not cancer; even the longer-lasting



Author-philosopher Philip Wylie, who is best known for his penetrating sociological analyses of American culture (*Generation of Vipers*, Opus 21), originally intended to become a doctor. He has written essays, articles and books on a number of scientific and medical subjects, but never before about cancer. He turned his attention to mouth and throat cancer at the urging of a friend, for reasons he explains in the accompanying piece

sores aren't usually cancerous. But if it is cancer, you've used up all your safe waiting time. From now on, every month, every week, every day you put off diagnosis might cost you an eye, part of your nose or jaw, part of your throat—or your life.

A second important symptom is a lump in the neck. It can be a soft lump or a hard one, a little lump the size of a pea or a grain of rice, or fairly large. It can be painful enough so that the ache leads to its discovery, or it can be merely tender, in which case the pressure of your collar or an accidental touch may bring it to your notice. And it may not hurt at all.

The lump may be a swollen lymph node. Millions of people have swollen nodes which do not come from cancer; nevertheless, if you have a lump in your neck—or a number of lumps, of whatever size or consistency—go to your doctor. As with the mouth sore, the chances are the lump is caused by something harmless, but you cannot afford to run the risk. In fact, the risk is probably greater with a lump than with a mouth sore.

Why? Because if the lump in your neck is caused by cancer, it nearly always means you have a cancer somewhere else—and have had it quite a while. In many areas of the nose, mouth and throat, cancers can start up unseen and unfelt. They usually don't hurt at first, or bleed or drain, either. The earliest evidence of their presence, all too frequently, is that lump in the neck. The lump sometimes means that a cancer in an unsuspected area (silent areas, the doctors call them) has started to spread. The neck lump is its offspring—a secondary cancer or, as it is technically called, a metastasis.

Another early cancer symptom is hoarseness. People get hoarse from colds, from yelling too loud at a ball game, because they smoke too much, or because of some other temporary irritation. That hoarseness usually goes away when the irritation is removed. But a person who is hoarse for as long as two weeks without going to his doctor is taking crazy chances.

Hoarseness that doesn't go away is the most common first symptom of cancer of the throat, the larynx and, especially, the vocal cords. If it's cancer, getting to the doctor on time may mean the difference between a fairly simple treatment that leaves you intact and a difficult operation that can leave you without vocal cords and obliges you to learn a new way of talking. It may—as always, in cancer—mean the difference between a ripe old age and a premature grave.

Those are the common symptoms: a sore anywhere in the mouth, nasal passages or the throat, a lump in the neck and hoarseness. Fortunately, they're noticeable symptoms. Certain cancers elsewhere in the body cannot be detected by the victim because they produce no marked symptoms until they are greatly developed. Cancers of the mouth and throat nearly always ring a warning bell in time.

There are, to be sure, certain other, rarer symptoms of mouth and throat cancers. But they are even more noticeable. One of them is continued or repeated bleeding from the nose, especially in middle-aged people. A noticeable difference in size in the two sides of the face is another highly noticeable symptom, which may indicate sinus cancer; any lasting swelling should be investigated by a doctor.

Besides the information about symptoms, in my talks with many medical men and scientific researchers I gathered certain other impressions and opinions about cancer which seem important. But since these impressions and opinions invade the field of medical ethics and enter areas of incomplete study, the rest of this article is written on my own responsibility, entirely.

It involves various questions that concerned me. What about smoking, for example; does smoking cause cancer? What about dentists? If I have a sore on my gum, why shouldn't I go to my dentist rather than my physician? And how do I know my doctor is trustworthy and can diagnose cancer even if I have it? Finally, a sorry, time-dishonored question: even if I do have cancer, isn't cancer so awful that I'd be happier just to ignore it so long as I feel okay—and face it only when my affliction compels me to?

Let's begin with smoking. Nobody has proved that cigarette smoking causes cancer. There is some evidence that smoking increases the *susceptibility* to cancer of the mouth, throat and lungs. It isn't necessarily the tar in tobacco smoke. Apparently, the plain irritation of smoke itself—no smoke, cold smoke, filtered smoke, or what-have-you—may increase susceptibility. The key question, of course, is: "How much?"

The answer is not known. It's true that the great majority of all those who develop mouth, throat and lung cancers either smoke or have smoked

# Save Your Life

By PHILIP WYLIE

but, on the other hand, more than three quarters of all American men smoke, or have smoked. It is not possible at present to make a comparative table of the hazard. Furthermore, quite a few men who have never smoked at all develop these cancers. And, as we extend the average length of life in this country, we increase the likelihood of the degenerative diseases—and cancer is one such disease.

Finally, it is true that all forms of cancer together, including those considered here, rank second as a cause of death in the United States. But even if smoking increases the risk of mouth, throat and lung cancer, it is only a fractional increase in one form of the second most common cause of death.

I smoke heavily and have done so for 30 years. It may be that I shall finally develop cancer in the mouth or throat or lung because of smoking. But smoking is so much a part of me and my ways that all the tables I read and all the dire words I heard did not make me stop.

Moreover, I suspect that the recent findings concerning the relationship of smoking and cancer have done as much harm, by causing exaggerated anxieties, fears and doubts, as good.

## Taking a Logical Statistical View

Smoking, as a health risk, might be compared to driving a car a shade too fast. As I grow older, I drive more slowly and I don't drink, there are many other acts I do or refrain from doing for the sake of health and safety. There's still one risk I do take—a slight one, statistically: I smoke. But I don't worry about it, partly because if I do get a cancer, I now have a clear idea of its early signs and the steps to take.

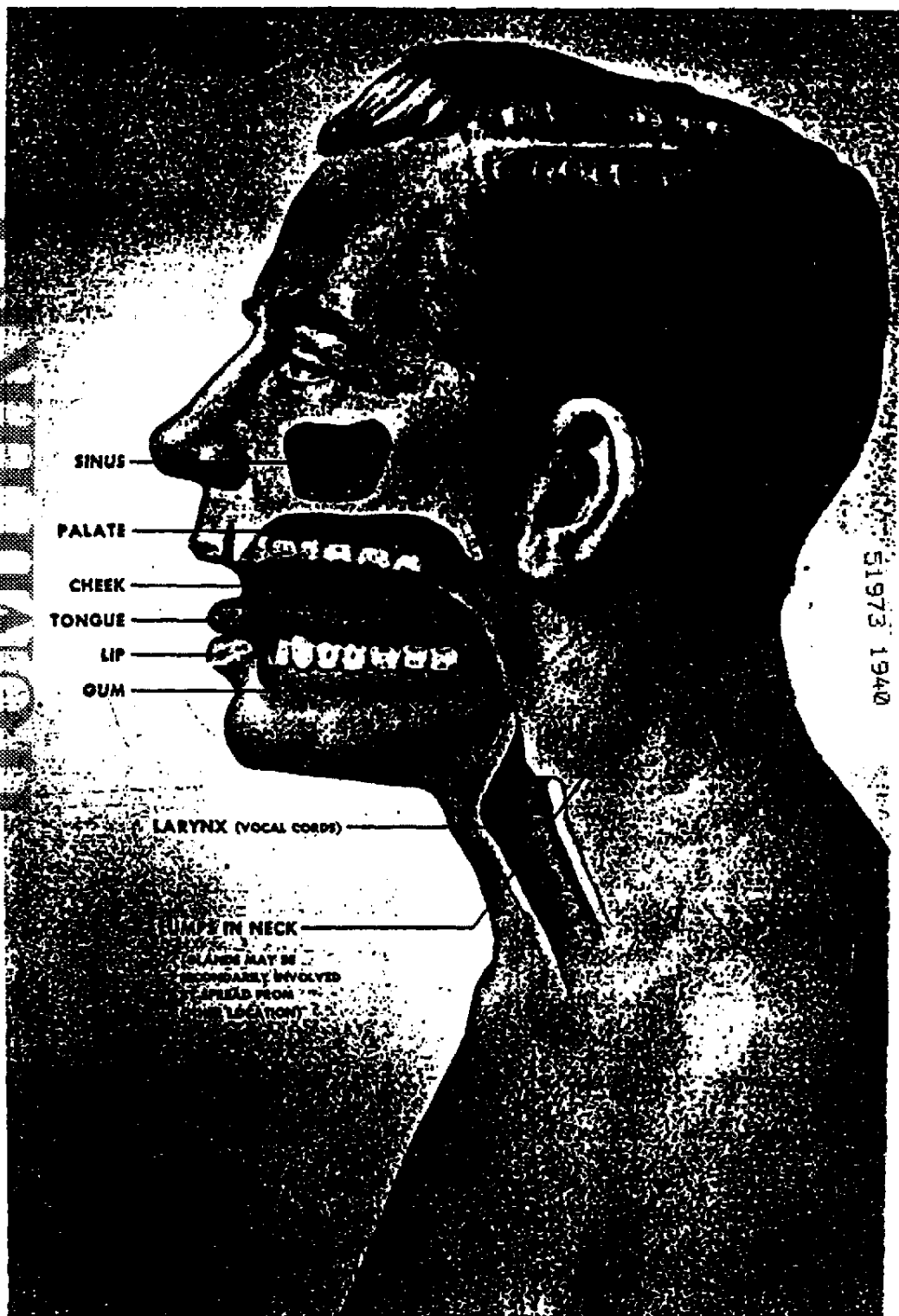
The next question seems even more important to me. It is quite natural for a person with a sore in his mouth, especially on his gums or near his teeth, to consult his dentist rather than his physician. Unfortunately, until fairly recently dentists were only haphazardly trained in cancer diagnosis. Men like my surgeon friend have led a vast effort of physicians and surgeons to improve that situation; today, most dentists are far better able to spot cancer than dentists were five years ago, and some specialized dentists are experts.

However, if you have any of the symptoms of mouth cancer, go to a physician. That's where a competent dentist will send you anyhow.

I have almost answered the next question, which is: How can you be sure your physician will properly diagnose your trouble? How can you be sure he is competent?

Here's what I learned: The average physician or surgeon is capable of making a cancer diagnosis, and you should trust him. If you are uncertain about where to get a good doctor, telephone the local unit of the American Cancer Society, or the local hospital (or even the intern on duty in the emergency room of a good hospital) and ask for the names of able physicians and surgeons. You'll be told about several of the top medical men in your community.

It is, of course, possible that the finest physician may miss a diagnosis of mouth or throat cancer. Cancers are sometimes tricky; doctors are human beings; the best human efforts sometimes fail. It is



A sore on palate, cheek, tongue, lip or gum, frequent nosebleed, persistent hoarseness, a lump on the neck—all are possible (but not sure) cancer symptoms. Take them to a doctor



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also possible that your doctor, especially if he knows you're a worrier (and who doesn't suffer at times from imaginary diseases?), may be pressed for time and brush aside your report of cancer symptoms. He shouldn't—but he might. In such a case, remember that it's *your* health, *your* body and if you have cancer, *your* cancer. Don't accept a brush-off if your symptoms continue. Go back again. Wait. Insist. Demand.

As this article has tried to make plain, the responsibility for saving yourself a welter of pain and perhaps an untimely death from cancer rests first on you. You—not the doctors—are likely to note the earliest symptoms.

What you do then, and what you insist on having done, may determine your future prospects.

And what are your future prospects?

### Disillusioned from Suicide Plan

The other day, a powerhouse business executive whizzed through my city. A year ago, he finally took a long-lasting, stubborn hoarseness to his doctor. After a few months," he reported. His physician told him not only that he had cancer of the larynx, but that his larynx would have to be removed—and with it his voice. He would have to learn to talk all over, by swallowing air or by using a mechanical aid. The man was appalled—more than appalled. He wound up his affairs rapidly and arranged, in a moment, to commit suicide. But his doctor found out his scheme and, with a surgeon, persuaded the man that suicide was cowardly and silly.

The man had his operation. Afterward, he learned to use a speaking aid. When he rushed through my city, tanned and healthy, he was on his way abroad to start a new branch of his worldwide business. "I thought death

was the only way out of the mess," he grinned. "But all that happened was, my voice changed. I have to plug myself in on an electric circuit to talk. Small matter!"

That man came late to the doctors. Yet I suspect he is as happy as he ever was. Certainly, the modification of his life has in no sense defeated him. On the contrary; the great victory he gained over death—and over himself—made him in some ways a better man than ever. He is more understanding, more compassionate, more aware of the excitement and the magnificence of life.

He had a hard time for a while. But for those who act swiftly after discovering symptoms of a cancer starting in the mouth, nose or throat, the story will be different: a skillful operation; one to three weeks in the hospital. And then, no more symptoms, no more cancer.

"Even the people who think they know what to do," says one authority, "and who think they've acted promptly, usually bring us cancers twice as large as they ought to be. We ought to get them in half the time; then the patient's chances of having no further trouble, no metastases, no additional complications, no more surgery, would be not twice as good, but four times as good. Maybe even ten times!"

I can think of no better conclusion to this article than some words scribbled by the friend who inspired this piece. I asked him how he felt when he first learned what ailed him 10 years ago. He wrote:

"The diagnosis of cancer did not mean to me that I was condemned to death. It only meant a fight for the restoration of health. I felt in every fiber that the spirit of defeatism must never be a part of one who has cancer."

That's the anonymous legacy of his suffering to the world; I'm proud to be able to pass it along.



"Being a secretary is easy. All you have to do is look like a girl, think like a man, and work like a dog"

JANE SPEAR KING

## Next Week's Fiction



### THE GOOD LAND

By WILLIAM FULLER

A popular Collier's writer tells of a magnificent old man too mule-headed to give, or ask for, love



### A BACHELOR SURROUNDED

By WILLARD H. TEMPLE

One guy with a pack of ladies in angry pursuit. Here is more fun for Mr. Temple's many admirers



### THE STINGY SKYSCRAPER

By HANNIBAL COONS

That now-famous character, Dear George, the press agent, again makes hard work of child's play



### STOLEN PEARL

By JOHN KRUSE

The story of a pearl diver who steals from the sea a shell that can bring him riches—or death

51973 1941



**Indicted** and fingerprinted and then acquitted all to satisfy a political boss who wasted \$40,000.00 of taxpayers' money in an effort to settle a grudge against an eminently respectable citizen.



If you are "Dad" do not let your son see you reading "Fathers are Liars" in the

## MARCH SCRIBNER'S MAGAZINE

In this number: "Escape to Yesterday"; F. Scott Fitzgerald's stunning new novel, "Tender Is the Night"; A Complete Biography of Lenin—The Russian Idol; Stuart Chase, and others.

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President Coolidge made him commissioner. He was contesting President Roosevelt's ouster when he died.

• Charles R. Flint, 84, "father of trusts," of a stroke, in Washington. Son of a Maine clipper-ship owner, he was a ship chandler before he started consolidating everything from steamship lines to chewing-gum companies. The newspapers gave him his nickname during the McKinley campaign when he defended trusts as combinations of "labor, brains, and money."

**Birthday:** Elihu Root, dean of America's elder statesmen, 89, Feb. 15. The former Secretary of State spent the day quietly in his New York apartment.

• Charles M. Schwab, chairman of the board of Bethlehem Steel Corp., 72, Feb. 17. He announced his retirement as president of the Whist Club, a post he held for twenty years.

• Mme. Marcella Sembrich, coloratura soprano who sang at the opening of the Metropolitan Opera House in New York, 76, Feb. 15. Ill for several months, she forsook her usual large reception.

**Elected:** Owen D. Young, by the unanimous vote of the New York Legislature, to membership on the State Board of Regents, supervisors of all educational institutions in the State. He succeeds the late Chester E. Lord, former managing editor of The New York Sun.

**Promoted:** Lt. Comdr. Charles E. Bessendorf, survivor of the airship Shenandoah disaster and later Commander of the Los Angeles and the Akron, to the rank of Commander. He is at present on fleet duty.

• Prince George, youngest son of the King of England, to rank of Commander in the Royal Navy. He is now on a good-will tour of South Africa.

**Left:** By former Senator Gilbert M. Hitchcock, of Nebraska who died in January, an estate of more than \$100,000. It consists largely of stock in his newspaper, The Omaha World-Herald. Ten-year control of the paper is vested in a board consisting of Mrs. Hitchcock and the paper's executives.

• By Ted Sloan, jockey, who died in December, an estate valued at \$9,500 to his 10-year-old daughter. At the time of his death he was believed to be penniless.

**Sick List:** Gen. John J. Pershing, wartime commander of the American Army (cold): left Walter Reed Hospital for his home.

John D. Rockefeller, capitalist (grip): though feeble, he made a comfortable trip to Florida for a three months' stay.

Beatrice Lillie, actress (minor internal operation): convalescing in London.

Mrs. Maria Jaritz, singer (cold): canceled appearance at Zionist benefit. Joe E. Brown, movie actor (flu)

## SCIENCE

### TOBACCO: Research Clarifies Man's Craving for Nicotine

Nicotine is named for Jean Nicot, the Frenchman who taught one of France's greatest Queens, Catherine de Medici, the fine art of carrying a cud of chewing tobacco in her plump cheek. Since then scientific men have been wondering to what they should attribute the joys of smoking, chewing, and "rubbing" tobacco.

In the Feb. 16 issue of Science, scholarly weekly digest of the American Association for the Advancement of Science, there is a new answer to the old question.

Professor Howard W. Haggard and Leon A. Greenberg of Yale looked suspiciously at pyridine, a combustion product, but discarded it because it was also present in cornsilk and brown paper—smoking materials seldom used by connoisseurs.

Then they turned back to old Lady Nicotine and began to find sprightly new facts about her. Researchers had already found in animal experimentation that nicotine injections increase blood sugar. Haggard and Greenberg decided to work on human beings.

First they starved their subjects and then they stuffed them, meanwhile watching heart action, respiration, blood sugar content before and after smoking. Then they began to pry into the small ductless glands—the adrenals—that sit atop man's kidneys. It was there that they began to find interesting new facts.

Such nicotine as got to these vital glands gave marked stimulation; and the adrenals in turn stimulated heart action. Blood sugar content shot up and bodily production of sugar increased. It is this combination of complex processes, they believe, that makes man like his after-luncheon cigarette and his after-dinner cigar almost as much as the meals themselves.

The Haggard-Greenberg experiments had an answer for another phenomenon noticed by all smokers—that a cigarette will allay hunger. Nicotine, in pepping up bodily production and consumption of sugar, produces a kind of synthetic inner meal.

### MEDICINE: Chicago Has Case Of a Rare Bleeding Disease

Gertrude Biers, a slender, pretty Chicago telephone operator went to bed with a cold, in her South Carolina Avenue home, Feb. 5. Two days later her nose began to bleed. Towels, drenched in cold water, seemed to have no effect. After two days purple spots the size of half dollars showed on her body.

Then blood began to appear in her eyelids, ears, and mouth. Her physician examined her and recognized the disease as one so rare that it is seldom mentioned in medical journals—thrombocytopenic purpura.

**Banjo On My Knee** (Twentieth Century-Fox) is, in a completely unpretentious fashion, a new kind of picture. It is a story about a group of Mississippi islanders so isolated that they regard land folk as belonging to another race, hold to the belief that "if God had intended people to live in towns He would have created towns the same way He made rocks and trees." The folk story elements are as



**HELEN WESTLEY**

Newt Holley (Walter Brennan) planned to serenade his son Ernie (Joel McCrea) and the latter's bride Pearl (Barbara Stanwyck) with *St. Louis Blues* on their wedding night. He felt the tune might be a kind of charm to bring him a grandbaby. Newt never got to play the tune that night because Ernie ran away after he had knocked a man into the river for trying to kiss the bride. When Ernie finally came home again he quarreled so with Pearl that she went to New Orleans with an itinerant photographer (Walter Catlett). Following her to a cafe in which she had taken refuge from the photographer, Newt made a hit.

**More Than a Secretary (Columbia)** can best be diagnosed as a minor symptom of Columbia's current attack of whimsy. To test the curriculum of her business school, Carol Baldwin (Jean Arthur) takes a job as secretary to Fred Gilbert (George Brent), carrot-nibbling editor of a health magazine. When she falls in love with Gilbert, Carol decides to humanize him. He proves the efficacy of her humanizing by falling in love, not with her but with her dullest pupil, Maizie (Dorothea Kent). Getting this situation straightened out involves some of the most uneven comedy dialog of the season. Sample, when Maizie is angling for a job on *Body & Brain*: "I can hear my mother say take good care of your body, Maizie, because it's all you've got."

## MEDICINE

The Dorsey "cure" is simple. The smoker must cease abruptly and completely. Whenever he wants to smoke,

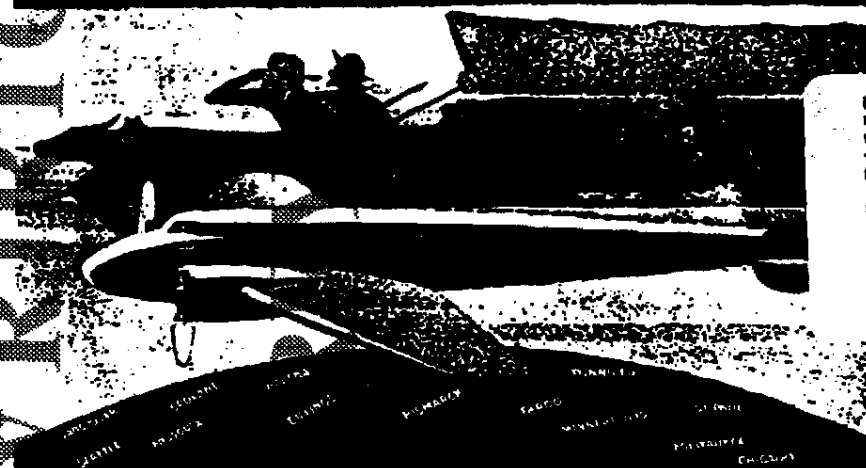
Lowest winter roundtrip fares in tory are now in effect to and from t. fornia, Southern Arizona and western regions.



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NEW YORK-WINNIPEG (via connecting airlines east of Chicago): 1 trip daily each way. Leave New York at latest 11 AM (EST), arrive Winnipeg 1:30 PM. Leave Winnipeg 2:50 PM, arrive New York 2:00 AM (EST). Flying time: 11 hours.

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eighth grain of lobeline. This is a drug which smells, tastes and affects the human system almost exactly as nicotine does. Nicotine comes from the leaves of any tobacco plant (*Nicotiana*), lobeline from the blue flower of the Indian tobacco plant (*Lobelia inflata*), a common U. S. weed which Indians used to smoke with true tobacco leaves. Lobeline, however, is not habit-forming as is nicotine. Dr. Dorsey has never found it necessary for a patient to take more than 18 doses of lobeline in any 24 hours. Usually three or four capsules a day have sufficed. "For a day or two there may be some nausea, a metallic taste, and an uncertain feeling of malaise, but no more unpleasant symptoms."

After an habitual smoker stops, says Dr. Dorsey, his senses of smell and taste become acute. Appetite shows marked improvement. "Nervous, undernourished young women in particular are sometimes seen to undergo a renaissance. . . . Likewise the tense, active, tired man often improves his state of health."

### Sanger Milestone

Last week Mrs. Margaret Higgins Sanger Slee's tireless 31-year campaign to make birth control legitimate in the U. S. passed another successful milestone. Three years ago Mrs. Sanger's good Japanese friend, Baroness Shizue Ishimoto, sent Mrs. Sanger's good Manhattan friend, Dr. Hannah Mayer Stone, 120 rubber pessaries. Dr. Stone intended to try the devices on 120 women clients of the Manhattan Birth Control Bureau, first and busiest of 283 similar centres now disseminating information and supplies in 42 states. U. S. customs officials promptly confiscated the pessaries under the Tariff Act of 1930. That law is the result of a Federal statute which the late gorilla-like prude, Anthony Comstock (1844-1915), rammed down Congress' throat in 1873. These statutes lump contraceptives with abortifacients, smutty writings and lewd picture postcards as "obscene," and forbid anyone to import, mail or ship them across state boundaries.

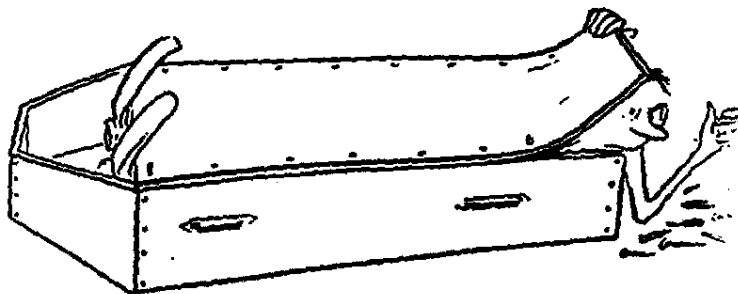
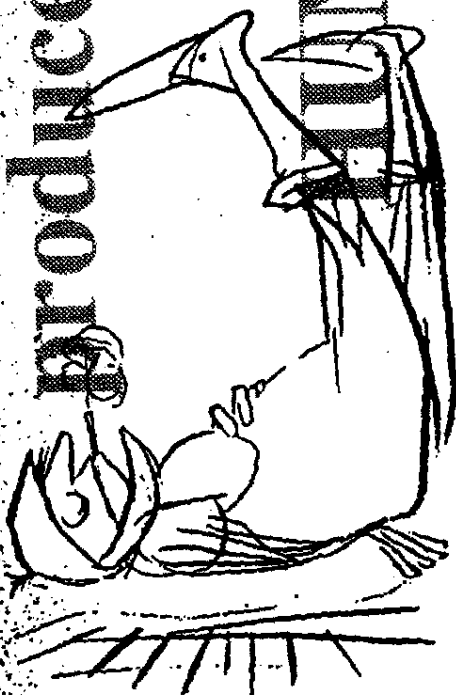
Last January Federal Judge Grover M. Moscovitz of Brooklyn ordered the customs officials to give Dr. Stone her pessaries on the grounds that contraceptives might save the life and health of women, that therefore police officers who prevented the use of contraceptives interfered with the prerogatives of physicians. The decision practically canceled the whole series of "Comstock laws." Reluctant to yield to reversal of a 63-year-old U. S. prohibition, Government lawyers appealed to the U. S. Circuit Court of Appeals, sitting in Manhattan, who last week upheld the Moscovitz decision, enabled Mrs. Sanger to crow: "Contraceptive material may be lawfully admitted into this country and disseminated, if intended for legitimate use."

\*Not relaxed was Government disapproval of smutty books and pictures. Last week a jury in Judge Moscovitz's court found Mr. & Mrs. Samuel Roth, operators of the Golden Hind Press, Black Hawk Press and Fifth Avenue Book Shop, guilty of distributing obscene matter.

Last week Post Office inspectors sought to break up "obscene correspondence clubs," some of which have thousands of members mailing one another filthy pictures, erotic books.



Smoker sees self as St. George, slaying the dragon as boy (above). This time, he easily falls victim again (below)



Turn-of-century term "coffin nail" comes back

## THE WEEK'S TOPIC A HOW DO I SWEAR OFF?

The cancer society's report linking cigarettes to a shortened

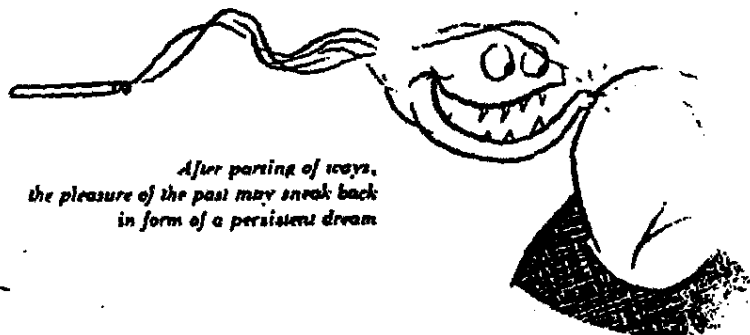
During the week a startling medical report about smoking was made public. To comment on the effects of the report, LITZ culled on the combined talents of two ex-smokers. One was Cannonist Robert Osborn, who did the illustrations for these pages. The other was Lutz Staff Writer Herbert Braun, author of How to Stop Smoking (Vanguard Press), of which 650,000 copies are in print.

A significant thing happened at the tobacco stand in San Francisco's fashionable Palace Hotel last week: business went on as usual. This was significant because the Palace was the headquarters of the American Medical Association convention at which Doctors E. Cuyler Hammond and Daniel Horn of the American Cancer Society made a report on a study of the effect of tobacco smoking on longevity and the causes of death.

The study, begun in November 1931, required periodic checks on the lives of some

201,000 male smokers and nonsmokers was to be completed in 1936. But the already in, Hammond and Horn felt so grave that it was imperative they be announced at once. They told a rapt audience of smokers between 30 and 50 have a death higher—some of them as much as 75%—than nonsmokers. They die most frequently of either heart attacks or of cancer, especially of the lungs. The figures do not extend to cigar or pipe smokers, they said, and added that they did not claim cigarette smoking necessarily caused the diseases. Still, many some doubts about the study, including a question as to whether the 187,565 men comprised a true cross-section. But Horn and Horn said flatly, "Regular cigarette smoking causes an increase in death rates." The Palace tobacco stand continued doing a cigarette business among the medical men.

The fact was and is that to break out



After parting of ways, the pleasure of the past may sneak back in form of a persistent dream

BEST IMAGE

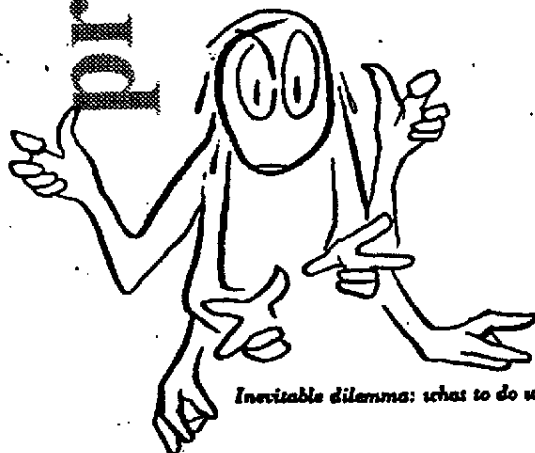
51973 1945

# by R. B. T. C. brings resolutions . . . and jokes

of the habit of smoking the convenient, soothing, mildly sedating, and a highly comfortable experience. For while tobacco in this form is not addictive or habit-forming, it often has an iron grip on its habit-former. Considerably the veteran smoker who seriously contemplates giving up the habit would well to be several things in mind. One is that there are various methods for swearing off smoking which are usually unsuccessful and often very hard on the temper. Beloved of the impulsive is the sudden-break method—stopping on a sheer spur-of-the-moment without adequate preparation. Others include the rationing, or slow torture, methods—allowing oneself only so much tobacco, or smoking one cigarette less each day, and so on. Another system with a high rate of success is the technique of carrying no cigarettes and humbugging them from friends, depending on sheer humiliation to force one not to smoke.

*Impulsive smoker's reaction, a drastic sudden break with tobacco, produces quick result but no sure-cure*

*Consumption may wane when step-by-step rationing is tried. But desire waxes*



*Inevitable dilemma: what to do with your hands*




*At height of struggle, a man's temper sometimes grows a bit short*



CONTINUED ON NEXT PAGE

27

51973 1946




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## Topic A CONTINUED

The prospective nonsmoker will also do well to remember that, due to tobacco's constrictive effect on smaller blood vessels, stopping suddenly releases a brake that usually has been slowing his physiological processes for a long time. Results can be brief but spectacular. Often there is a temporary nervousness combined with a more permanent feeling of unaccustomed energy. This is a local problem. Not so localized is his temper which often makes itself felt on all around him, especially his wife and children, the latter of whom especially are likely to comment audibly on the conversion of daddy into a typical Western movie Bad Guy, complete with whisky bottle and shot glass.

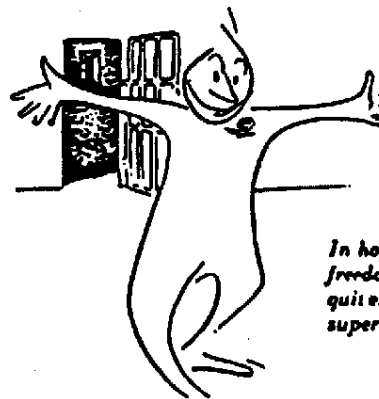
After enduring his temper for one morning, wives have been known to beg a husband to start smoking. When the late famed propagandist George Creel swore off tobacco, his wife is said to have thrust a lighted cigaret between his lips with the pathetic cry, "Smoke, dammit, smoke!" In 1949 one Margaret Allen, asked by the English police why she had murdered her good friend Nancy Chadwick, had a ready and not unreasonable reply, "I was irritable. It would never have happened if I had had a smoke."

Although a national wave of irritability may be in the offing as a result of the Hammond-Horn report, the nation last week reacted with originality and even humor. A Seattle resident appealed to doctors to develop a truly safe cigaret, one composed entirely of filter. In Detroit cigaret-cadging bums made the news an excuse for a new approach: "Why don't you gimme the whole pack, Mac? You know what those things can do to you—and who cares what happens to me?" Nightclub Comedian Joe E. Lewis told his listeners that reading all the news stories about smoking made him so nervous that he had decided, finally and permanently, to give up reading.

The difficulties of giving up smoking have been so widely discussed, many smokers believe it is virtually impossible. In London a few years ago a want ad appeared: "Can anyone recommend a cure for smoking for a gentleman being impoverished by the cost of tobacco? No suggestions calling for will power please." A testament to tobacco power over even a great intellect was left by Thomas Alva Edison. He was an outspoken enemy of the cigaret, but when his locked desk was opened in 1947 on the hundredth anniversary of his birth it was found to contain, besides the last notes and jottings of the Sage of Menlo Park, a quantity of cigars and chewing tobacco.

Actually it is quite possible to give up smoking. Whoever wants to do so should first consider the possibility and advantages of stopping for a time, then wait for a propitious moment to start the abstinence campaign, such as the beginning of a vacation or otherwise relaxed period. During the early days he should use gum or mints as a substitute and otherwise pamper himself. He should also remember William James's famous rules about habit formation: start the new habit off with all possible momentum, never permit an exception to it until it is firmly fixed (in smoking that can be a long time), and deliberately invite temptation, by doing such things as lighting cigars for others.

People who survive not only the discomfort of giving up smoking but also the jokes about it can take heart. It isn't all asceticism. When the heavy smoker cures himself of the habit, he usually finds that he sleeps better, has steadier nerves, enjoys his food more since he is not and smells it better and often seems to have more resistance to minor ailments. While he may put on a little weight for a time, and the desire to smoke may persist for months, the worst is over in a couple of weeks. After that he is free to admire his own marvelous self control and bore his smoking friends with accounts of how he did it.



In hopefully sought  
freedom, man who  
quit enjoys a  
superiority complex







## SMOKELESS WEEKEND CONTINUED

Virgust, secretary of a Belgian society known as the Friends of Pure Air. Also present were newspapermen and press photographers from Britain, Italy, the United States and New Zealand. The latter, deprived of smoking for only three or four hours, were already a pitiable sight—their mouths opening and closing like those of new-fangled fish, their faces pale and haggard, their eyes rolling aimlessly in the sockets. But they were distracted from their own sufferings when President Johnston opened the session by calling on the patients to present their "case histories" as smokers.

Each told much the same mournful story. Each began to smoke while still in his teens, partly because it was "forbidden," partly because it seemed "grown up." Once started, some tried to "rebel" against a habit that struck them as a sort of "slavery" and swallowed up too much money. But most of them went right on smoking just the same—with the result at their slavish craving for tobacco combined with feelings of guilt, was the women patients who seemed to be the most tormented by guilt. This came as no surprise. Dr. Wilfred Lester, a London psychiatrist present, who jestingly reminded the smokers that they "were descended from Eve" and thus, he explained, were susceptible to temptation.

To many, the obstacles that afflict the would-be absters were fearful. Miss Laura Chamberlain, a rehabilitation officer, said she had stopped smoking more than once. "I would have given so much time to the question of whether I should smoke or not, that in desperation I have taken a cigarette so as to take my mind off the problem and concentrate on my work."

Mrs. Rita Turney, a housewife with a cigarette consumption of 40 a day, put her finger on the blame for her nerves and worries. "You sit up at night discussing them, and smoking all the time," she said. "I give up," tried one poor woman. "And then I get so fat." But President Johnston would have none of that. "First, lick your urge," he said sternly. "Then buy your liberty."

To the first of the smokers, Psychiatrist Lester, an English generalist colleague, Dr. Norman MacDonald, called a council in the center of the room and invited the guilty ladies to be down and be spanned. One by one—as camera flash bulbs seized in their faces—the ladies endeavored to fix their minds on the medical lady's exhortations. "Your lips are getting heavier and thicker," he said. "Your eyes are closing tighter and tighter. . . . I am about to prick you with this pin, but you will not feel it. . . ."

One by one they cried "ouch!" and "ouch!" and "ouch!" Finally a good-looking blonde in a blue dress found truce. "You will find that during the next week," Dr. Lester told her in a low voice, "your craving for cigarettes will be less. The lady rose from her seat, smoothing her skirts and wearing an expectant look. "Well, one out of five—that's not a bad average!" said one of the doctors.

Raising their eyebrows slightly, the newspapermen agreed politely. Then, the meeting over, they glanced at their watches and moved happily toward the front door—showered with Ray's cheer-bait and smoke-filled nightclubs. But Mr. Little, too friendly to delinquency, barred the way. "I fear that the door of Garfield House is also locked at 11 p.m.," he intoned. "You cannot go out because there would be nobody to let you in again."

A stunned, horrified silence greeted the awful logic. The spell was broken only when Mrs. Rita Turney, the London housewife and petriest, suddenly descended the stairs in a huff and frantically pressed two packs of cigarettes into the chest of her chest specialist. "Take these, Doctor!" she cried. "They will be easier on you!"

Slowly, as in a badly managed theatrical procession, patients and press trailed sadly to bed. What happened under cover of night Nobody will ever know exactly, but certain points may be noted. One is that though the night was far from warm, certain guests of Garfield House began behaving like fresh-out hands. They flung their window shades, as it were, to reveal something that was collecting in their rooms. Some could be seen leaning half out of their windows and

maning posed thus for minutes on end, as if performing some ritual—apparently with spent matchsticks, a good many of which were found on the path below next morning. During the night the sound of water was heard rushing incessantly down the drains, as if evidence were being washed away. At all events it was a much-shaken company that descended next morning to hear President Johnston make the first major address of the session.

The president, a gaunt apostle with a medical degree, first reminded the company that the battle against tobacco is both ancient and honorable. He quoted England's first great antismoker, King James I, who in a *Counterblast to Tobacco* (1604), described smoking as "a custom loathsome to the eye, hateful to the nose, harmful to the brain, dangerous to the lungs. . . ." It was King James who executed Sir Walter Raleigh, the man who popularized tobacco in England. "It is fitting," said the president with a hearty chuckle, "that Raleigh met his death upon the scaffold!"

Blanching at this assault on a revered national hero, the more nervous members of the audience reacted instinctively into purses and pockets for a smoke, recalled abruptly their surroundings, and began to suck eagerly on large yellow mints, which were being passed around in a glass dish.

Respiration quickened, the stench of peppermint filled the room and the presidential diatribe continued. "Tobacco is a drug," he said, "but it is never so represented. The drugged, poisoned addict lives in a state of intermittent intoxication."

The president was followed by the kindly chest specialist, Dr. Norman MacDonald. He won the sympathy of every starved lung present by conceding the many perplexities regarding the relationship between smoking and lung cancer. "We don't know

what factor in the cigarette gets rid of, or how to get rid of it. We cannot explain why there is no difference, in the aftereffects, between those who inhale and those who do not." Then he turned to "facts." "One person in Britain dies every half-hour" of lung cancer. Four fifths of these deaths, he added baldly, though there are no statistics to bear him out, are "directly related to smoking." To demonstrate his point, Dr. MacDonald threw lantern slides upon the wall showing and people dying of lung cancer, including a stout gentleman of advanced age who put away seven hundredweight of pipe tobacco in 54 years. Finally Dr. MacDonald produced some flat, square bottles of alcohol containing cancerous lungs. These passed from hand to hand with many a shudder, followed once more by the dish of yellow peppermint.

### Adults restraining their howls

NOW it was the turn of the psychiatrist, Dr. Lester. A jovial man, Dr. Lester summed up cigarette smoking in purely Freudian, or at least Freudian-sterm, terms. Tense infants, he said, let out a howl and reach for their mother's breast. Tense adults restrain their howls by reaching for cigarettes. "The man who smokes 25 cigarettes a day is giving himself 25 breast ticks." Smoking is thus "a manifestation of an unconscious emotional need, and the perfect solution to it would be the psychoanalysis of all smokers. As this is impractical, some less dangerous solution must be found than the cigarette must be found—some other form of 'breast-tick' in an ever-tenser world."

The president chimed in to say he had heard that smokers for seven years is many car accidents as non-smokers, adding that even non-smokers who are members of the Society of Non-Smokers are allowed to sell their premiums to the insurance companies.

Dr. Lester said that smokers "go crazy" if they are not given a cigarette. Mr. Little said that God has given man free will.

Finally an argument broke out among the doctors as to whether cigarettes are of higher mental concentration.

"Suddenly a patient cried, 'Oh! All your talking about it only gives me a craving!'" Just in time, the beating of the hour from a big clock on the wall rang out.



SUBSTITUTE FOR SMOKING, dish of mints, is passed around by society's secretary, Rex Hubert Little, the weekend's instigator.

BEST IMAGE

CONTINUED

51973 1949

## The Unnecessary Illness

On the surface, Joan and her husband Bob seemed compatible. But biologically, they were not. Bob's blood was Rh-positive. Joan's negative—meaning that she lacked the Rh factor—present in most blood. The difference had no adverse effect on their first child, an Rh-positive boy born in a Louisville hospital two years ago. But their second, born last year, suffered from a condition called erythroblastosis fetalis. Destroyed his red blood cells, leaving him severely anemic with an accumulation of toxic substances in his tiny body. Upon after birth, he died.

The case is not unusual. Twelve percent of all American marriages pair an Rh-negative woman with an Rh-positive man. Of the 3.3 million marriages that take place in the U.S. each year, 400,000 result in the birth of an Rh-positive baby to an Rh-negative mother, and of these babies, at least 100,000 are afflicted with some degree of Rh disease. The irony is that this illness is unnecessary. Medicine has an effective weapon against Rh disease.

The first child of a positive-negative couple is usually unaffected. The baby is Rh-positive, and the chances are 3 in 4 that he will have the increasing chance of trouble in later pregnancies. Exposure to Rh-positive fetal

blood, which may leak across the placenta or enter the maternal blood stream as a result of hemorrhage during delivery, can cause the Rh-negative mother to become sensitized, or "immunized," against future Rh-positive babies and produce antibodies that attack and destroy the babies' red blood cells.

Mildly affected babies may be only slightly anemic and recover fully from the jaundice, or yellowing, that characterizes their condition. Those with more serious cases of erythroblastosis fetalis suffer from the presence in the blood of too many erythroblasts, or immature red blood cells. Unable to do mature cells' work of carrying oxygen to the body's cells, the overworked blood-producing tissues—liver, spleen and other organs—swell and contribute to congestive heart failure, eventually causing death. The most seriously afflicted infants, however, are usually stillborn.

Once, the only treatment for Rh disease was to replace virtually the entire fetal blood supply with massive transfusions before or shortly after birth. Now prevention is possible in the form of a blood extract called Rh immune globulin. Developed independently by research teams in England and the U.S. nearly a decade ago, the globulin acts as a vaccine to curtail the Rh-negative woman's production of antibodies and greatly reduces the risks to future Rh-positive children.

But Dr. John Gorman, one of the American researchers, warns that the vaccine works only if the woman is not already immune to Rh factor. He recommends that the globulin be given automatically to every woman within 72 hours of her first delivery, abortion or miscarriage if tests show that she is Rh-negative and the baby is Rh-positive. Says he: "You've got to get in during the time that the window is open."

Most doctors and hospitals routinely use this vaccine on Rh-negative women following the birth of Rh-positive babies. Connecticut has established a registry to show which patients need the inoculation and which have received it. Despite such precautions, many women leave the hospital with a built-in immunity to their offspring.



RH-NEGATIVE MOTHER WITH CHILDREN  
A persistent, yet preventable problem.

Most doctors and hospitals routinely use this vaccine on Rh-negative women following the birth of Rh-positive babies. Connecticut has established a registry to show which patients need the inoculation and which have received it. Despite such precautions, many women leave the hospital with a built-in immunity to their offspring.

Rh disease is not a major problem in Africa—nearly all black Africans (like most blacks in the U.S.) are Rh-positive. In other countries, it remains a persistent though preventable ailment. The World Health Organization estimates that 75% of the Rh-negative women in Britain now receive the vaccine. But in Italy, the vaccine is now given to only 30%, while in Venezuela, only 5% of Rh-negative mothers get the shots. Even in the U.S., where 85% are now protected, the gap is still significant. Only half of the women now undergoing abortions receive Rh immune globulin after their operations.

These gaps are unfortunate. Used properly, the vaccine is nearly 92% effective.

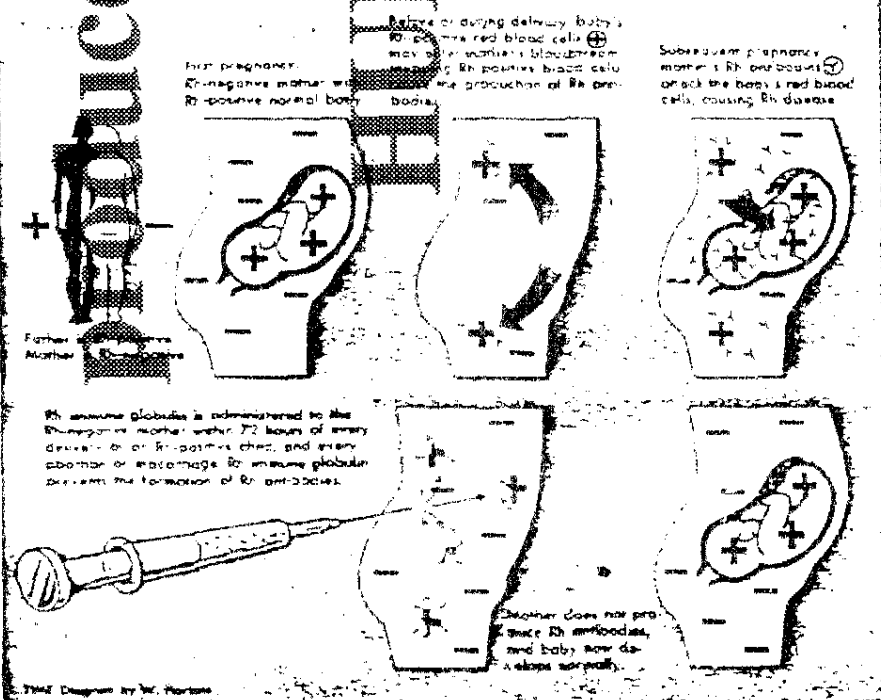
## Incurable Addiction?

Ever since the Government report linking smoking with cancer and heart disease was first published in 1964, doctors and public health officials have waged a steady war against cigarettes. Now their efforts seem to be increasing. Last month Arizona became the first state to take legal action against

51973 1950

BEST IMAGE

## RH DISEASE: Its Cause and Prevention



# MEDICINE

How many cigarettes a day  
does your child smoke?



BRITISH ANTI-SMOKING POSTER  
A comfort for the creative?

...banning smoking in public  
Britain's Health Education  
Council, meanwhile, turned  
to its campaign against cigarette  
smoking. It released a poster  
depicting a child sitting in a  
high chair, holding a cigarette in  
his mouth. The poster was  
designed to shock and inspire  
action. The child's face is  
partially obscured by the cigarette,  
and the overall tone is somber.

...the Arizona action and the  
British poster may help pro-  
mote a more active role for  
the parent in the child's life.  
The experience of Columbus, for  
example, indicates that the  
parent's influence on the child's  
smoking habits is significant.  
Also, who is to blame for the  
child's smoking? The parent  
who provides the cigarettes?  
The child who is curious?  
The society that glorifies  
smoking? The answer is  
probably a combination of all  
these factors. The parent's  
role is crucial, but it is not  
the only one. The child's  
curiosity and the society's  
attitudes also play a role.

...fascinated by their response. Also  
at the time, writer Edward Brecher  
in *Life and Other Drugs* (Con-  
sumers Union, 1972), if doctors had  
studied this problem, Brecher, whose  
book described tobacco as "one of the  
most physiologically damaging sub-  
stances used by man," cited serious psy-  
chiatric and metabolic reports on the  
subject. For many smokers, psycholog-  
ical needs combine with nicotine addic-  
tion to produce a powerful dependency.  
Beyond that, he could empathize with  
Alsop. Brecher gave up cigarettes for 14  
months, but started smoking again when  
he found that he simply could not work  
without them.

## THE THEATER

### Black Farce

THE WALTZ OF THE TOREADORS  
by JEAN ANOUILH

In this play, first seen in New York  
in 1957, Jean Anouilh caricatures the ro-  
mantic attitudes that get men betrayed.  
It is a black farce with a bitter personal  
tang, an overprotecting cynicism, a dis-  
illusionment so dark as to suggest illu-  
sions once far too rosy.

Unflinchingly attired in his uniform,  
General St. Pe (El Wallach) faces ad-  
vancing middle age as if it were a cour-  
martial. He is chained to a vixenish wife  
(Anne Jackson) who spews venom at  
him and pretends to be a dying invalid.  
In his high-romantic imagination, he is  
in thrall to the memories of a young girl  
(Diana Van Der Vliet) he waltzed with  
17 years ago. St. Pe's dream girl appears,  
only to run off with his calico aide, and  
the general is left alone in the dusk.

Thanks to Anouilh's vividly ironi-  
cally vision, much of the evening is howl-  
ingly funny. Wallach has always possessed  
perfect comic pitch and he displays it  
again here. However, he lacks that cer-  
tain panache which makes St. Pe a duc-  
list with destiny rather than a Good Son-  
over-Sonwerk taking fate's pratfalls.  
Jackson is an awesome virago who de-  
livers her lines like bayonet thrusts.

The truce playwrights of Brian Mur-  
ray's direction somewhat masks the  
vein of melancholy that runs through  
Anouilh's best characters. Their gaiety  
is a grimace on their lips while stretched on a  
rack that is the distance between the  
way things are and the way they want  
them to be.

•T.E. Koler



WALLACH & JACKSON IN WALTZ  
Vein of melancholy

## Easy Reader.

The easy reading,  
easy listening digital clock  
radio. With the time in lighted  
numbers big enough to read  
across the room—even in the  
dark. Plus FM/AM sound so  
big you're surrounded with  
sound anywhere in the room.  
Thanks to Zenith's famous Circle  
of Sound® 360° speaker  
system. Hear The Limmar big  
line radio model C47AW, at  
your Zenith dealer's.

**ZENITH**

BEST IMAGE

Europe got hooked. It even helped finance their freedom. "If you can't send money," George Washington told the home front, "send tobacco."

For two centuries, tobacco remained a staple of American life. Cigarettes' image of sophistication curled through popular culture, especially the movies, which taught viewers that they could look like Lana Turner or Marlene Dietrich or Humphrey Bogart by lighting up. Edward R. Murrow interviewed guests through a cloud; tycoons fueled deals with cigars. Without smoking, it seemed, great detectives could not detect, writers could not write, lovers could not languish, heroes were defeated and villains decimated.

Consider how the image has changed. One of the first smoking TV heroes was Don Johnson's ice-cool cop, Sonny Crockett, on *Miami Vice*. They—actor and character—have conspicuously quit. One of the latest movie stars to light up was Glenn Close in *Fatal Attraction*; the cigarette seemed a beacon of her madness. "For a long time, we saw Bette Davis sitting at the bar smoking a cigarette as sexy," observes Robert Rosner of the Smoking Policy Institute in Seattle. "But then, as a society, we got close enough to smell her breath, and we realized it wasn't sexy at all."

For society to have changed its mind so dramatically, so quickly, marks the triumph of a crusade that actually began generations ago. As long as there have been smokers, there have been those who would snuff out the habit. A cigar, said Editor Horace Greeley more than a century ago, is a "fire at one end and a fool at the other." Justice Oliver Wendell Holmes passed along some memorable admonition to 19th century schoolchildren:

*Tobacco is a filthy weed,  
That from the devil does proceed;  
It drains the purse, it burns your  
clothes,  
And makes a chimney of your  
nose.*

Concerns about health were always at the heart of the antismoking movement. Victorian women were warned that they would become feeble, grow a mustache or come down with tuberculosis if they dared to light up. Yet it was not until the Surgeon General's 1964 report linking cigarettes to cancer that health officials won their point. Warning labels appeared on packages after 1965, ads were pulled from television and radio in 1971, and four years later, Minnesota passed the first comprehensive clean-indoor-air law. Smoking continued to taper off throughout the 1970s. Even then, however, people were content to live and let smoke: the public spirit of laissez-faire survived every attempt by health officials to reclassify cigarettes as a hazard rather than a nuisance.

All that changed with Surgeon General C. Everett Koop's explosive report on the effects of passive, or involuntary, smoking, released in 1986. Koop's review, which corroborated a study of the National

## Confessions of a Nicotine Freak

For 26 years, I've been a slave to cigarettes. For at least ten, I've been trying to emancipate myself. Only nicotine freaks who have tried repeatedly to kick the habit and failed can fully appreciate how difficult it is to give it up.

I started smoking at 15 in order to feel more grown up. It wasn't long after my first drag on a cigarette—in a locked bathroom with the windows wide open so the telltale odor would dissipate—that the cough I developed suggested that smoking was a mistake. Nevertheless, I kept puffing away relentlessly until my smoke rings were picture perfect. A year later, motivated perhaps by the vivid illustrations of cancer-ravaged lungs in my father's medical textbooks, I made my first effort to quit. It fizzled out under the pressure of high school final exams.

Since then, I've tried a multitude of techniques to wrestle the nicotine monkey from my back: cold turkey (five or six times), hypnosis (once) and tapering down (more times than you could count). Switching to brands with less tar and nicotine than the usual lung busters. Putting mayonnaise jars stuffed with butts on the desk, nightstand and bathroom shelf as nauseating reminders of what smoking was doing to my lungs, which after some 250,000 cigarettes must be as sooty as an unswept chimney flue. Chomping on golf ball-size wads of foul-tasting nicotine chewing gum. Toting up what a two-pack-a-day habit costs over the course of a year: more than \$1,000 up in smoke.

Nothing has worked for more than three months. Not—in my case at least—because withdrawing from cigarettes causes excruciating physical agony. Far from it: the mild jitteriness and irritability last only a few days. Nor have I been tempted to substitute insatiable eating for smoking. In my experience, the biggest threat to the fledgling nonsmoker is the nicotine habit's subtle, sneak-thief ability to reassert itself whenever one's guard is down. Almost any of life's little anxieties can trigger an irresistible urge to light up. More vexing still, many of life's pleasures—sex, a cup of coffee, just getting up in the morning—can have the same effect.

Overconfidence can undermine even a seemingly victorious campaign to abstain. Take, as a dismaying case study, the last time I quit. A hypnotist implanted a mantra in my subconscious, to be summoned up whenever I felt the urge: "Smoking is bad for me." For this service, the hypnotist demanded \$200, which seemed a wise investment. It worked. Food tasted better. Morning bouts of coughing ceased. I felt great. So great that three months later, I decided to prove I was truly liberated by attempting to smoke just one without becoming hooked again. Before I knew it, I was back to two packs a day.

Medical researchers have now substantiated what failed nonsmokers discovered long ago: smoking is a powerful addiction. Unable to free themselves, nicotine addicts often seek to justify their cravenness with bombastic rationalizations that smoking is a matter of considered choice—and their constitutional rights. "I can quit whenever I want to, but I don't want to right now," the smoker tells himself and the world. It just ain't so.

Perhaps New York City's stringent new antismoking law, which went into effect last week, will finally accomplish what willpower, peer pressure and nagging by my children have failed to do. From now on, having a smoke means slinking off, like a junkie in search of a fix, to the designated smoking area, fittingly located in the men's room. Even for a hardened nicotine freak like me, that is too much of a nuisance. Still, I'm not confident. As I write, a pack of cigarettes stares up from my desk, silently imploring me to light up just one more time.

—By Jack E. White



orchestra, and the same is true of Chicago, Cleveland, Saint Louis, Minneapolis, Detroit, Los Angeles, San Francisco, Seattle, and other cities. Furthermore, these hard-headed men of practical affairs are personally attending the concerts. It is only a short time ago that they bought tickets, but stipulated that their wives were not to ask them to go. Now the evening concerts show an attendance of men to the extent of nearly 50 per cent.

It is the man who immerses himself exclusively in business, and so shrinks and shrivels, who has led the world to believe that he represents the American business man. But this type is rapidly disappearing, and whether the advancement of music, or painting, or sculpture, or reading, or education, or medicine attracts him, and becomes his chief interest and the object of his giving, he is becoming more and more the typical American man of affairs who is slowly, but surely, building up throughout the world not only a different reputation for himself, but also for American business generally.

Man's inner self is sometimes curiously awakened. A man in New York, possessed of millions of dollars, was known to give literally nothing. But one day a friend in charge of a campaign for a worthy object said to him: "I do not ask you to give. You have a right to your convictions about giving to charity. What I ask is that you will give me a check for \$10,000 which I can announce at the opening dinner this evening, not as a gift, but merely to justify my saying that I have it. Inferentially, of course, it will be assumed that it is a donation. This will make such an impression that I can secure thousands based upon your supposed contribution. Then, tomorrow I will return your check to you."

The man of millions hesitated, but finally yielded, and the friend asked that he come to the dinner. He did,

and saw the proceeds of more than \$250,000 subscribed on the basis of his supposed contribution. The next morning the friend returned with the check. To his surprise, the giver said: "Wouldn't take it for the world. I never realized the feeling of giving until last evening when man after man came and congratulated and thanked me. We have had such a happy evening—never had such a night's sleep. You've opened up a new world to me." His hand today is one of the most liberal in all the city's institutions which merit support. . . . How true it is that—

We know what we are—  
We know not what we may be.

The fact must not be overlooked that as our business men widen their interests, the effect will be felt in all the institutions which they indirectly or directly influence or control. When we stop and think that the foremost of our business men sit on the boards of our universities and colleges, we can begin to conjecture how far will go the influence of their broader interests.

The world never stands still: rather, it is moving rapidly. Many are those of calm and careful thinking who believe that the movement is in the right direction. When Woodrow Wilson, in his Sorbonne speech at Paris, stopped for an instant and said, "There is a wind blowing through the world," his distinguished audience burst into the greatest applause of the evening. . . . No man can kindle the imagination of people all over the world as did Woodrow Wilson at that time without leaving an impress. Hope may be deferred—but hope is eternal. It is very seldom given to the idealist to see his ideals realized. Most of us work in one generation for the benefit of the next generation. Men are unquestionably thinking outside of old ruts and grooves. Particularly in America. There unquestionably is "A wind blowing through the world."

Reader's Direct Service

# produced by R.J.R.T.C. Nov 19 24

## Does Tobacco Injure the Human Body?

Condensed from The Dearborn Independent (October 11, '24)

Irving Fisher (see note on page 447)

TO assess values the economist must inquire not only as to what people buy, but also what they should buy for their own best good—that is, what they would buy if they were more enlightened. There is a vast difference in the value to society of capital spent in dark-roomed tonements, unclean dairies, adulterated food, gilded saloons, bucket shops, and obscene literature, and capital invested in purifying the water supply, safeguarding milk against infection, cleaning streets, building sewers, and building schools and hospitals. . . . Fortunately, we now have sufficient information to determine the effect of tobacco on the human body.

A recent study by Dr. Albert H. Burr, on the relation of longevity to sex, is reported by him as indicating that the tobacco habit is "one of the very significant reasons why fewer men than women attain old age." The New England Life Insurance Co. published in 1911 the following data from 180,000 policyholders, covering 60 years: Where the maximum of expected deaths was 100, of tobacco abstainers only 59 died; of rare users only 71 died; of temperate users only 84 died, and of moderate users 93 died. Excessive users were not accepted by the company.

M. Abel Gy, of Paris, who made a special and very extensive research, found that tobacco gives rise to a series of functional disturbances in different organs, especially the heart. A survey of the evidence that tobacco affects the heart was made by Dr. J. H. Kellogg, superintendent of the Battle Creek Sanitarium, and the results reported in a book, entitled "Tobaccoism." All of the important

experiments were reviewed by him. He found that every authority agrees that tobacco is a heart poison. Sir William Osler cited the cases of three friends of his, apparently strong, healthy men, all of whom died suddenly, and it would seem from the effects of tobacco on the nerves of the heart.

A great authority on blood pressure, the late Dr. Janeway, of Johns-Hopkins Hospital, stated: "Tobacco has a powerful action on the circulation. Nicotine, in less than overwhelming dose, produces an immense augmentation of blood pressure in animals." Robert Lee Bates, of the Psychological Laboratory of Johns-Hopkins University, summarizes as follows the results of an investigation: "The effects on healthy adult reactors, of smoking a cigar or three cigarettes, are to produce a rise in blood pressure, and in heart rate."

Dr. Eugene L. Fisk, medical director of the Life Extension Institute, says, "My observation is that tobacco is likely to cause depression of the circulation and disturb the nervous mechanism of the heart and circulation. The following differences were shown in a group of excessive tobacco users as compared with the general group of policyholders: There were 10 per cent more cases of advanced and serious organic affections, 6 per cent more cases showing arterial changes, 15 per cent more cases showing over-rapid pulse, 15 per cent more cases showing caries of the teeth, 13 per cent more showing recession of the gums, and 27 per cent more showing pyorrhea. These unfavorable mouth conditions are very commonly noted among tobacco users, and are a matter of general observation."

51973 1953

Reader's Direct Service

The effects of tobacco upon the nervous system were investigated by L. Pierce Clark, M.D., visiting neurologist to the Randall's Island Hospitals and Schools. "Tobacco is primarily a cardio-vascular poison," he concludes. "Its chronic effect on the nervous system, as yet so inaccurately studied, appeared to induce toxic congestion of the brain, spinal cord and peripheral nerves, inducing finally in the latter a mild degenerative neuritis."

Precision of muscular motions, as demonstrated by drawing a line between two closely parallel lines or lunging at a target with a fencing foil, was shown by the Berry experiment to be definitely decreased after each smoking of a single cigar. It was also found that there was an average decrease of 12 per cent in accuracy of pitching a baseball after smoking one cigar, and a loss of 14.5 per cent after smoking two cigars.

Connie Mack, the famous baseball hero, made it a rule not to sign up baseball men who smoked. Clark Griffith, as manager of the Washington Nationals, said that "any player who insists on smoking cigarettes is through." The fact that most conscientious athletes do not smoke when "in training" shows that they realize that tobacco is injurious. They little realize, however, how great and lasting the injury is.

Professor Pack, of the University of Utah, found that tobacco-using athletes were decidedly inferior to abstainers. Smokers were only half as successful as non-smokers in athletic honors, according to the studies made by Professor E. L. Clarke at Clark College. Muscular power begins to diminish 5 to 10 minutes after beginning of smoking, according to a study made by Professor W. J. Lombard, professor of physiology, of the University of Michigan. In an hour, when the cigar was burned, muscular power had fallen to about 50 per cent of its initial value. The peak of the time of depression,

compared with a similar normal person, was 2.5 compared with 1.4. Note, however, that these effects are promoted by smoking, according to the claims of a number of clinicians.

Acid dyspepsia is common to habitual smokers. In some cases there is a destruction of the capacity to feel hunger. Anemia is often found among excessive smokers, apparently due to the disastrous results of the tobacco poison upon the digestive system.

The truth is, tobacco lowers the whole tone of the body and lowers its vital power and resistance. This is well shown by the fact that, in surgical emergencies, patients accustomed to smoking have been observed to suffer a great handicap in their chances for recovery. This is doubtless because the poisons of tobacco tax the vital resistance and require the expenditure of power by the liver, kidneys and other organs to neutralize and eliminate the poison.

Tobacco is injurious to the human body. It injures the heart, it disturbs the blood pressure, it poisons the nerves, it hurts the eyes, it lessens resistance to tuberculosis and other diseases, its use sometimes induces cancer, it reduces muscular power and accuracy, it impairs working efficiency, earning power and athletic power, it stunts the growth of the young, it probably shortens life, it probably reduces fertility.

In short, tobacco acts as a narcotic poison, like opium and like alcohol, though usually in a less degree.

No question seems to exist as to the harmful effects of the "excessive" use of tobacco. Habitual smokers will generally admit this fact. Because of individual variations, the line separating "excessive" from "moderate" is an elusive boundary, and there is always a tendency toward increasing the use; "moderate" use seldom stays moderate. From every indication, it behooves the man who wishes to keep physically fit to omit tobacco from his daily schedule.

Reader's Digest Service

# Produced by R. J. R. T. C. The Worker Emancipated

Condensed from The Forum (October '24)

William Basset

ANY assume that to work day in and day out at a loom must be most revolting in its monotony. But I see in a boiler shop not a hint of noise and hot metal, in which roll the slaves of machines; but rather the means of freeing thousands of men from the real slavery of carrying coal up countless flights of steps. I see not only the more comfortable lives that those boilers will bring; I see in the noisy but light and easy-to-handle riveting hammer a machine which saves a dozen men the back-breaking work of swinging heavy sledges. I see one man do more work with it in eight hours than the dozen would have done in a 12-hour day. I know that while the dozen would have fallen in bed an hour after the whistle blew, worn out with their efforts, the "slave" of the riveter is fit and ready for a half dozen hours of play. And this slave of a machine has more money to spend and more comforts in which to spend it than had the freeman of the hand hammer. That one picture portrays most of the ways in which machines have set men free from slavish drudgery.

I could cite hundreds of cases where machines, in displacing hand work, have resulted in less fatigue and greater earnings to the worker, increased production, and lower prices to the consumer. To the uninformed observer a rapidly moving machine may seem to demand a killing pace from its attendant, but actually it practically never does. In the first place an intelligent manufacturer knows—and the others soon find out—that a speed which fatigues the worker produces a lower output in a day than does a slower pace.

Reader's Digest Service

I have yet to see a machine in any industry that does not make the operation easier for the worker than when the same work was done by hand. The trouble with those who denounce machines is two-fold. The machine impresses them as sort of noisy, inhuman—an inexorable devil that would as soon eat the flesh of the worker as the metal it is fed. They do not understand the machine and they seem to feel that the worker fears it as much as does the uninformed uplifter who is doing the pitying. Second, these critics do not know how these operations were performed before the horrid machines came into being. Therefore, they cannot see that the machine attendant is either of a low grade of mentality, one who without the machine could not make a living, or is a far higher type than was the man who formerly did the work by hand.

This was strikingly but unintentionally demonstrated at a textile exhibition where, side by side, were shown in operation the old hand loom and the modern Jacquard loom. The old weaver on the hand loom is thought of as a craftsman, while the modern weaver is pitted as merely an attendant to a machine. Yet the principal difference between a hand loom and a power loom is that one used man power while the other uses mechanical power. The old time weaver was merely an inefficient power plant, and looked about as happy and inspired when he worked his hands and feet as does the plug horse in a tread mill. The Jacquard loom is a complicated—almost intelligent—piece of machinery that requires expert attention from its operator. The slaves of this machine are alert, intelligent,



A study of habit forming  
and breaking

## So You're Going to Stop Smoking?

Condensed from *Your Life*

Henry C. Link, Ph.D.

Director of the Psychological Service Center, New York City;  
author of "The Return to Religion"

SOONER OR LATER, nearly every cigarette smoker discovers that he is not smoking by choice but by habit, and that the habit is probably harmful. So he tries to break free from it, but finds that he doesn't know how. Sometimes half-heartedly, sometimes earnestly, he wrestles with his addiction — but in vain. His self-control has been perilously undermined by a mere mechanism of habit.

For years he has been practicing daily that mechanism, without realizing that it was becoming automatic, that he was perfecting a whole chain of habitual motions, an irresistible nervous-muscular process. It begins with lifting the pack, extracting a cigarette, tamping one end, placing it between the lips, striking a match, inhaling the first gulp of smoke, and so forth, until the stub reaches the ash tray. Every cigarette consumed involves the same chain of actions and reactions, which seem to set themselves in motion and go on automatically to the end. Often the smoker is not even aware of them. Like an old-fashioned clock wound up to strike, he is set to go

and set to finish, dozens of times a day. Like a robot, he moves at the command of an invisible master.

Is there anything he can do about it?

Behind that question lies an important lesson in psychology. For the habit of cigarette smoking is only a familiar instance of the psychology of all habit forming and habit breaking.

During the last decade the consumption of cigarettes in the United States has increased from 106 billion to 162 billion a year. Today about 60 percent of the men and nearly 25 percent of the women are consistent cigarette smokers. The average consumption for men is 20 cigarettes a day, and for women, 11 a day, with each smoker drifting helplessly toward a still larger quota. This habit of smoking, although it appears to many to be a trivial part of living, may be viewed as symbolic of a fundamental trend in modern civilization. That trend is the increasing frequency with which individuals permit themselves to become the *creatures* of their habits rather than the *creators* of their environment.

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HUMPHREY

# Teachers' Manual

*for use with*

## YOUR HEALTH Today and Tomorrow

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Physical Education  
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since he cannot hear well; his vision, too, becomes blurred. Next, when the motor centers are affected, the speech becomes thick and slurred. The person cannot walk straight or stand up straight. He staggers and may fall. Finally, if he drinks enough, he "passes out."

The effect of alcohol on muscular efficiency is largely due to its effect upon the nervous system. Alcohol slows down the reaction time; that is, the muscles do not obey the brain as quickly as they normally would. Experiments have shown that even small amounts of alcohol cut down on the amount of muscular work that a person can do. Alcohol also affects the accuracy of the work. You can see why a person who has been drinking should not drive a car.

**Excessive drinking.** Most problem drinking stems from an inability to deal

This machine has been designed to test the effects of excessive drinking upon driving.



satisfactorily with life. It has been estimated by the National Committee on Alcoholism that there are more than 65 million people in the United States who drink alcoholic beverages. It is further estimated that about four million of these people have found that alcohol is a problem in their lives. About 750,000 of the users of alcohol drink to such an extent that they injure their physical and mental health. Physicians call these people *alcoholics*.

**The alcoholic.** Alcoholism is a condition of uncontrolled, or compulsive, drinking. It is a real disease. Since an alcoholic is not able to control his drinking, he is not likely to be cured by scolding him, shaming him, or urging him to use his will power. Although he knows that he is harming himself, he is driven to drink by some inner need.

It is not understood why some drinkers become alcoholics while other heavy drinkers do not. It is possible that alcoholics differ physically from other people. Their bodies may require elements present in alcohol and yet, at the same time, be unable to handle them.

Although no cure for alcoholism has been found, great strides have been made toward understanding the problem. Moreover, much progress has been made in helping alcoholics to stop drinking. For example, new drugs have been developed for this. The most lasting cure, however, seems to be one in which the person is helped so that he becomes able to meet his problems without drinking.

**Alcoholics Anonymous** (*d-nŏn't-mŭs*) is an informal organization that helps people to stop drinking. The membership is made up of persons who have learned about alcohol the "hard way." In other words, many of the members have been alcoholics themselves. The only requirement for joining is a desire to stop drinking. This group has done much to save alcoholics from themselves, but physicians and AA members agree that most alcoholics must also have medical care.

**The cost of drinking.** A moderate drinker can easily spend twenty-five to forty dollars a month on alcoholic beverages. The people of the United States as a whole spend more than ten billion dollars a year on them. This is much more than is spent on education, and it is very much more than is spent on national health.

Excessive use of alcohol often leads to crime, to divorce, and to family unhappiness. Much illness, to be paid for in doctors' bills and in loss of income, comes from such drinking. It is also recognized that drunkenness causes many accidents. Certainly there is no doubt that heavy drinking is a very bad habit.

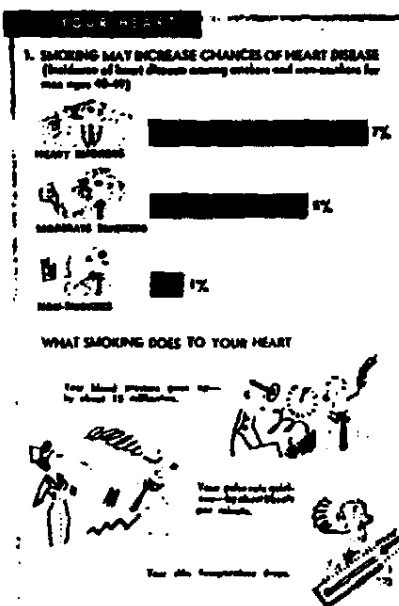
Even moderate drinking is potentially dangerous, because it can lead to excessive drinking.

**Increasing use of tobacco.** Tobacco has been used by man in some form or other for hundreds of years. However, there has been a huge increase in its use in the past twenty or thirty years, particularly in cigarettes. During these

same years, there has been a marked increase in the amount of heart disease and cancer, especially cancer of the lungs. Although other factors must be taken into account, many scientists suspect there may be at least a relationship between the increase in the use of tobacco and the rise in these ailments.

For example, there is experimental evidence that nicotine causes the blood vessels of the body to contract. This raises the blood pressure and forces the heart to work harder to pump blood through the body. In some circulatory diseases in which arteries tend to become narrowed, smoking definitely increases this tendency.

#### The facts about SMOKING and ...



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# HEALTH AND SAFETY FOR YOU

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## UNIT TWO

### Emotions and Personality 61

#### Emotional Needs and Behavior 62

*Emotional needs* 62

*Security* 65

*Causes of behavior* 66

*Understanding behavior* 67

#### Emotions and Mental Health 70

*Anger and hostility* 70

*Fear and anxiety* 72

*Defense mechanisms* 74

*Mental illness* 76

*Kinds of mental illness* 77

*Treating mental illness* 78

*Maintaining mental health* 82

#### Mature Personality 84

*Development of personality* 84

*Your intelligence* 85

*Achieving maturity* 86

*Your personality* 90

*Personality of others* 92

## UNIT THREE

### Important Decisions 95

#### 5. Use of Tobacco 96

*Smoking habit* 96

*Substances in cigarette smoke* 97

*Effects of smoking* 98

*Smoking and disease* 99

*Your responsibility* 101

#### 10. Use of Alcohol 103

*Alcoholic beverages* 103

*Misuse of alcohol* 105



51973 1960

nerve cells that control various groups of muscles, causing paralysis. The extent of paralysis depends on the number of nerve cells attacked. When death occurs, it is usually caused by severe damage to nerve cells that control the muscles of breathing.

After years of research, Dr. Jonas Salk succeeded in making a vaccine that provides high-grade protection against paralytic poliomyelitis. This vaccine, which is given by injection, was licensed by the United States Public Health Service in 1955 for general use. A dramatic decrease in the incidence of the disease resulted. The Salk vaccine has been largely replaced by an oral vaccine developed by Dr. Albert Sabin. It was licensed for general use in 1962. An oral vaccine is taken by mouth.

Infants should be vaccinated during the first six months of life. Booster doses should be given when there is a threat of an epidemic, when traveling to an area where polio exists, and at the time of entering school. If not previously immunized, children should be given a full course of vaccine when beginning school.

**Stroke** Apoplexy is commonly called stroke. Stroke is the third most frequent cause of death in the United States, exceeded only by heart disease and cancer. Strokes are rare in young people but are a frequent cause of disability in older persons. Most persons who have strokes have had high blood pressure or arteriosclerosis. A study has shown that in women between 45 and 54 years of age, strokes are twice as frequent in cigarette smokers as in nonsmokers.

Stroke occurs when the blood supply to an area of the brain is suddenly cut off. The usual cause is the formation of a clot in a small blood vessel of the brain or a break in such a blood vessel. The result is partial or complete paralysis of the portion of the body controlled by that area of the brain to which

the blood supply is cut off. Frequently, speech is impaired. If the stroke is severe, unconsciousness or even death may occur.

Prompt medical treatment and rehabilitation can greatly improve the condition of the stroke patient. Understanding and assistance from members of the family are essential.

**Mental retardation** Mental retardation is a condition in which the brain does not reach full development. The mentally retarded person is limited in ability to learn, to put learning to use, and to get along normally with other people. Children who are mentally retarded range from nearly normal to totally dependent.

It is estimated that 3 out of 100 babies are born mentally retarded. The total of retarded persons in this country is approximately 6 million. About 2½ million are children and young people under 20 years of age. The degrees of retardation within this group are as follows:

1. At least 2 million are mildly retarded. Most mildly retarded persons are able to support themselves. Although limited in their capacity to learn, they can by special education and training learn to do unskilled or semi-skilled work.
2. About 150,000 are moderately retarded. Their rate of mental development is less than half that of the average child. Moderately retarded persons can be trained to take care of their personal needs, to do some kinds of housework, and to work away from home under special conditions.
3. About 100,000 are severely retarded. They can learn self care but are rarely able to do any useful work.
4. About 50,000 are profoundly retarded. They are totally dependent and need help in eating, toilet care, dressing, walking, and performing other simple acts.

*Disability prevention depends on training and help from the community to help the person communicate.*



As boys and girls grow up, their parents make important decisions for them. There comes a time, however, when boys and girls should and must make their own decisions about many matters of vital importance to their future health and happiness.

Some decisions which young people must make for themselves are considered in this unit: decisions concerning the use of tobacco, of alcohol, and of mind-affecting and potentially habit-forming drugs. It is essential that everyone be accurately informed concerning these subjects so that intelligent and wise decisions can be made.

Much supplemental information on the effects of tobacco is available without charge. See the Bibliography of the Commentary for Chapter 9 for sources.

## Chapter 9 Use of Tobacco

Answers to "Do you know" on pages:

- (a) 96
- (b) 97
- (c) 96
- (d) 99

Medical and scientific knowledge leaves no doubt about the harmful effects of smoking. In fact, the Surgeon General of the United States Public Health Service has stated, "... cigarette smoking is the major preventable cause of illness, disability, and premature death in this country."

### SMOKING HABIT

A person may start smoking for any one of many reasons. He continues because he has developed the habit. Smoking leads to

96 *Also point out the mess and clutter of ashtrays and the possible fire hazards associated with the smoking habit.*

Do you know . . .

- (a) • whether smoking is really harmful?
- (b) • why boys and girls start to smoke?
- (c) • why most smokers find it difficult to stop?
- (d) • whether stopping after years of smoking does any good?

a strong addiction to tobacco which is very difficult to overcome. A regular smoker may be uncomfortable and unhappy when he tries to stop. The craving to smoke may interfere with his thinking, interrupt his work, or make him careless, cross, and irritable.

Many people continue the habit of smoking, which they do not really like, because they do not make a strong effort to stop. Will power, time, and discomfort are involved in breaking a well-established habit. In a survey of regular cigarette smo-

kers, only 30 percent reported that they enjoy smoking and consider it worth the cost; 80 percent said that they hope their children never smoke.

**Mistaken reasons for smoking** Some people think that tobacco relieves fatigue. This may be because nicotine in the smoke causes a temporary increase of sugar in the blood and more sugar means more fuel for the muscles. After a brief time, however, the fuel is gone and the fatigue is greater than before. It is also said that smoking relaxes nervous tension. This is doubtless true for regular smokers who crave tobacco and to whom a cigarette gives temporary relief. The relief from nervous tension may result from the fact that smoking gives the smoker something to do with his hands. There is no evidence that cigarette smoking has any other tranquilizing effects.

**Smoking by students** Many boys and girls try cigarette smoking before or during their early teens. Their parents, teachers, and older brothers or sisters may smoke. Perhaps their friends smoke. They may consider smoking the smart, sophisticated, pleasurable, and socially popular thing to do. Usually smoking is not enjoyable until the person becomes habituated to tobacco. By that time it may be difficult to stop.

### SUBSTANCES IN CIGARETTE SMOKE

Cigarette smoke is a mixture of gases, vapors, and tiny suspended particles. As it enters the mouth, each cubic centimeter of smoke contains millions or billions of these particles. Among the potentially harmful gases in this smoke are carbon monoxide and hydrogen cyanide. The carbon monoxide is present in a concentration 400 times that

*Many young people start to smoke because they think it is "adult" behavior. However, fewer adults smoke than do not.*



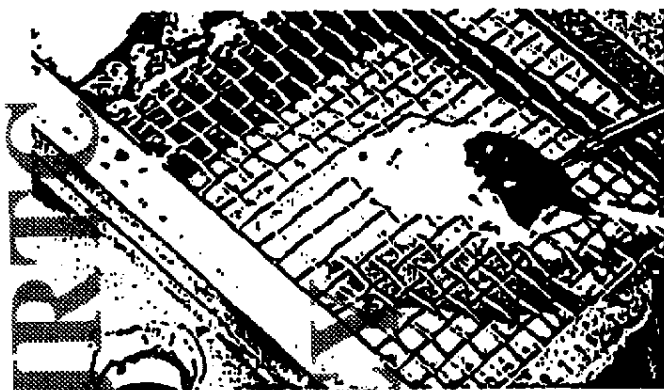
Good athletes must practice good health habits in order to keep up their ability.

considered safe in industrial exposure, and hydrogen cyanide in a concentration 160 times the safety standard. Carbon monoxide, which reduces the oxygen-carrying capacity of the blood, is believed responsible for the reduced wind, or shortness of breath, of smokers. The particles in smoke contain nicotine and a large number of chemicals which can be condensed into a brown sticky mass called tar.

Every smoker absorbs some of the nicotine and the tars in cigarette smoke. Smokers who inhale retain most of these substances in the body. The nicotine appears to be responsible for addiction and for the diseases of the heart and blood vessels. The tars are responsible for cancer, bronchitis, emphysema, and other diseases of the respiratory tract associated with smoking.

Some filters are quite effective in reducing the amounts of tar and nicotine in the smoke. Others are worthless.





Scientific experiments have shown that chemicals in tars from tobacco smoke produce cancer when applied to the skin of a mouse. Experimentation with animals in the laboratory saves human lives.

**Nicotine** The nicotine in tobacco smoke is a powerful colorless poison. When absorbed into the bloodstream, nicotine affects the nervous system. A drop of pure nicotine injected into the body would cause death in a few minutes. Heavy cigarette smokers who inhale absorb enough nicotine each day to kill instantly if it were injected directly into the blood. A person does not die after smoking because the amount of nicotine absorbed at any one time is less than a fatal dose.

The beginning smoker often has symptoms of mild nicotine poisoning. Even habitual smokers sometimes show the same effects. These symptoms include dizziness, faintness, rapid pulse, clammy skin, and sometimes nausea, vomiting, and diarrhea.

**Tobacco tars** The tars in tobacco smoke contain a large number of chemicals. Some of these, called *carcinogens*, produce cancer if applied to the skin of animals. Others, called *co-carcinogens*, do not produce cancers themselves but act with other chemicals to cause cancer. Others, called *phenols*, destroy

the protective action of the cilia that line the respiratory tract. Still others are irritants that cause a cough and probably are responsible for the gradual destruction of lung tissue and for the disease emphysema.

## EFFECTS OF SMOKING

Convincing evidence of the harmful effects of smoking has caused many physicians to stop smoking. Only about one physician in four smokes cigarettes. Of the surgeons who operate on patients with lung cancer only one in seven smokes. Of the physicians who do smoke, 89 percent say that they do so against their better judgment. It thus appears that those who know the most about the effects of smoking smoke the least.

**Immediate effects** In most people, smoking reduces the appetite and dulls the senses of taste and smell. The unattractive brown stains on the teeth and fingers of cigarette smokers are caused by tobacco tars. Both nicotine and tobacco tars are irritating to the respiratory tract. The tars are responsible also for loss of smell, unpleasant mouth conditions, and bad breath.

**Nervous system** Smoking may cause headaches, sleeplessness, and irritability. Excessive use of tobacco occasionally damages vision or hearing. To some people, who are allergic to it, tobacco in any form acts as a poison.

**Heart and circulation** The heart rate increases after smoking. In one group of young people studied, the average increase after a single cigarette was 21 beats per minute. Occasionally, the heartbeat becomes irregular and there is pain in the chest.

Smoking causes the small arteries to contract, or become smaller. This cuts down the

flow of blood through them and results in a lowering of the temperature of the skin. This occurs in habitual smokers as well as in beginners. In a study of 100 persons, smoking a single cigarette caused an average drop of 5.3 degrees Fahrenheit (3 degrees Celsius) in the temperature of the fingers and toes. This is usually accompanied by an increase in blood pressure.

**Length of life** Some insurance companies charge higher rates for life insurance to cigarette smokers than to nonsmokers. Their records show that cigarette smokers die earlier than nonsmokers. How much earlier depends upon the age at which a person begins to smoke, the amount smoked, and the degree of inhalation. Males who start smoking at the age of 15 on the average live 8.3 years less than males who are nonsmokers.

Another way of expressing the increased risk is that the chances of a man of 25 dying before 35 are 50 percent greater for one who smokes less than one package of cigarettes a day than for a nonsmoker. They are 100 percent greater for a two-package-a-day smoker. The chances of a man of 25 dying before 50 are 70 percent greater for one who smokes less than half a package of cigarettes a day and 160 percent greater for one who smokes two or more packages of cigarettes a day than for men who do not smoke cigarettes.

## SMOKING AND DISEASE

There is convincing evidence that cigarette smoking is a primary or a contributing cause of several major diseases. Cigarette smoking is also one of the causes of persisting minor ailments which bring much discomfort and loss of efficiency in living.

**Coronary heart disease** Smoking puts a strain on the heart and blood vessels. It also

reduces blood flow through the lungs and lowers oxygen absorption in the lungs. These effects cause shortness of breath. They also deprive the heart of an adequate supply of oxygen. There are more than twice as many deaths from coronary heart disease among cigarette smokers as among nonsmokers. The American Heart Association estimates that more than 100,000 deaths a year from heart disease in the United States are attributable to smoking.

**Cancer** Pipe and cigar smoking and tobacco chewing have relatively little effect on the heart or lungs, but they may cause cancer of the mouth, tongue, and lips. Vastly more common and serious is lung cancer, which has been shown to be caused largely by cigarette smoking. In a recent year, approximately 55,000 persons in the United States died of lung cancer. Of these deaths it is estimated that at least 80 percent were due to cigarette smoking. In other words, an average of 150 persons die each day from lung cancer caused by cigarette smoking. Most of these victims are of middle age or older, but a medical journal recently reported the deaths of two young persons from lung cancer. One was a 19-year-old boy who had smoked cigarettes since he was six. The other was a 16-year-old boy who had smoked for five years. This boy died within six months after his lung was removed. Also, a surgeon reported 28 cases of lung cancer in patients under 20 years of age.

The risk of lung cancer decreases with the cessation of smoking. Five years after giving up smoking the death rate from lung cancer is only half as high as for men who continue to smoke. At the end of 10 years the death rate is almost the same for those who have stopped smoking as for men who never smoked regularly.

The risk of lung cancer increases with the amount of smoking. The risk is five times

*Arrange for a class discussion or debate on the pros and cons of smoking. Are the possible advantages of smoking worth the price?*

# Relative Death Rates\*

Cause of death	Nonsmokers	Smokers
Heart disease	10	17
Chronic bronchitis and emphysema	10	60
Lung cancer	10	110

\*U.S. Department of Health, Education, and Welfare

is great for men who smoke 10 cigarettes a day as for nonsmokers. It is 10 times as great for those who smoke 20 cigarettes a day. It is 20 times as great for those who smoke 40 cigarettes a day. The rate increases also with the degree of inhalation and varies inversely with the age at which one begins to smoke. It is 50 percent greater for those who start to smoke before age 15 than for those who start after age 25.

Other types of cancer that are higher among cigarette smokers than among nonsmokers are cancer of the larynx (5 to 7.5 times as high), cancer of the esophagus (3 to 5 times as high), and cancer of the urinary bladder (2 to 3 times as high).

Chronic bronchitis and emphysema. Heavy smokers often have a chronic cough. It is caused by irritation of the linings of the nose, throat, and lungs. In time this irritation may be followed by chronic bronchitis and emphysema. Emphysema is a disease in which the lungs lose their capacity to contract and expand and to absorb oxygen. Shortness of breath results and usually progresses until the victims become disabled.

In recent years, deaths from emphysema have increased even more rapidly than those from lung cancer. If present trends continue, it is estimated that by 1976, 100,000 people in the United States will die each year from chronic bronchitis and emphysema. As a cause of crippling disability, emphysema ranks second only to heart disease.

## Other illnesses

Most studies of the effects of smoking have compared the death rates of smokers and nonsmokers. Studies of current illness, however, are of equal if not greater immediate concern. Such a study reported by the Surgeon General of the United States Public Health Service shows that Americans who smoke cigarettes experienced in one year 12 million more chronic illnesses than nonsmokers of the same age. Among these illnesses are about 2 million more cases of sinusitis, 1 million more cases of chronic bronchitis and emphysema, and 1 million more cases of ulcers of the stomach and duodenum.

The same study shows that cigarette smokers lose a third more time from work because of illness than those who do not smoke and that there are 77 million lost workdays associated with cigarette smoking each year. The loss of 77 million workdays represents nearly 19 percent of the entire annual work loss in the United States resulting from illness.

The report also presents data on the days spent in bed and the days of restricted activity associated with cigarette smoking. In each case, the rates for cigarette smokers were greater than for nonsmokers. The number of days spent in bed because of illnesses associated with cigarette smoking is estimated at 88 million days annually and the number of days of restricted activity at 306 million days annually.

A report from a preparatory school in the East classified the respiratory illnesses of 179 boys 14 to 19 years of age. Severe respiratory illnesses were 9 times as common in the regular smokers as in the nonsmokers. In the occasional smokers, these illnesses were 2.6 times as common.

A study of students from 11 to 18 years of age in England revealed that boys and girls who smoked cigarettes had more respiratory

*Point out that it is easier never to smoke than it is to stop after the habit has been acquired.*

illnesses with persistent cough than those who did not smoke. The heavier smokers had more severe symptoms. The symptoms decreased promptly when they stopped smoking.

**Smoking by women** Death rates from smoking-related diseases among women are similar to those of men but of less degree. This is probably due to the fact that women have not smoked so long or so much as men. In recent years, however, when more women have been smoking and smoking more heavily, the rate of increase in lung cancer, emphysema, and coronary heart disease has been greater among women than among men.

Studies have shown that cigarette smoking by a pregnant woman is harmful to her unborn baby. Infants born to smoking mothers weigh less and are more susceptible to disease than infants born to nonsmoking mothers. These smaller and weaker babies

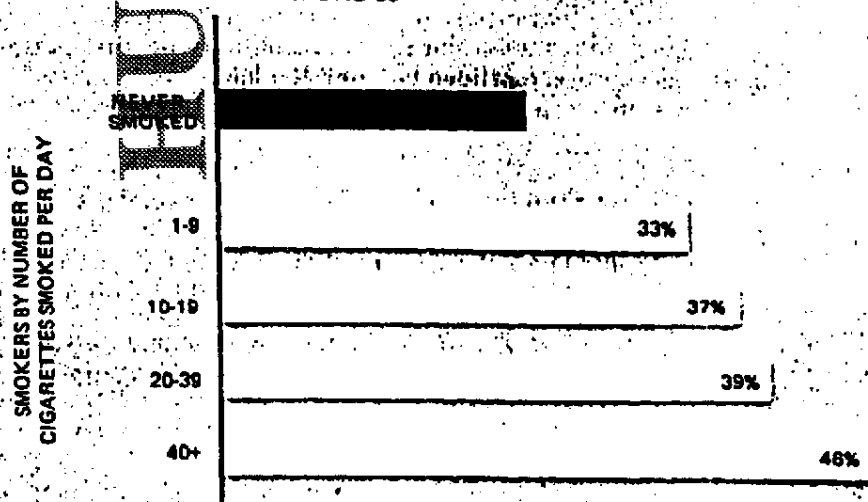
do not overcome their initial handicaps for several months.

## YOUR RESPONSIBILITY

Information about the health hazards caused by smoking is more widespread today than ever before. Many adults have broken the habit because they have been informed of the harmful effects of tobacco.

Young people should consider carefully the health risks involved in smoking. According to the United States Public Health Service, cigarette smoking is a major cause of illness, disability, and death. They should decide whether their reasons for wanting to smoke are worth forming a habit which is extremely difficult to break. The money spent in maintaining the smoking habit may be a burden. The decision to smoke or not to smoke should be based upon consideration of all the available evidence on the subject.

MALES AGED 25  
EXPECTED TO DIE BEFORE 65



## MAIN IDEAS

1. Cigarette smoking is a major cause of cancer, heart disease, chronic bronchitis, emphysema, and several other diseases.
2. Illness, disability, and hospitalization are much higher among cigarette smokers than among nonsmokers.
3. The risk of lung cancer decreases if a person stops smoking cigarettes.
4. The diseases associated with smoking are rising more rapidly among women than among men.
5. The smoking habit is difficult to break.

## KEY WORDS

tar  
nicotine  
carcinogen

co-carcinogen  
phenol

emphysema

## CHECK YOUR KNOWLEDGE

1. Why does the carbon monoxide in cigarette smoke cause shortness of breath in smokers?
2. Why do some life insurance companies charge higher rates to smokers than to nonsmokers?
3. What is the effect of smoking on the mouth and teeth?
4. Which element in cigarette smoke seems to cause addiction?
5. What effect does cigarette smoking have upon the temperature of the fingers and toes, upon the heart rate, and upon the blood pressure?
6. What effects do tobacco tars have on the body?
7. What is the purpose of cigarette filters?
8. What are some of the symptoms of mild nicotine poisoning?
9. Does tobacco relieve fatigue? Explain.
10. List the facts unfavorable to smoking.

## APPLY YOUR KNOWLEDGE

1. Discuss smoking with smokers and nonsmokers. Ask those who smoke: At what age did you start smoking? Why did you start? Do you sometimes wish that you had never started? What do you smoke? List the reasons why the nonsmokers do not smoke.
2. Collect and discuss articles on the dangers of cigarette smoking.
3. List the reasons why you will smoke, or why you will not smoke.
4. Find out if there is a law in your state governing the sale of tobacco.

*(1) In some cases, taking a laxative can result in complications or even in death. Great care must be used if laxatives are taken.*

Laxatives act in different ways to stimulate the muscles of the digestive tract. Generally, laxatives should be used only on the advice of a physician.

It is easy to develop a habit of taking laxatives. If a person forms the habit, larger doses or stronger laxatives become necessary to produce a bowel movement. As a result, muscles of the intestine become fatigued and may suffer some damage.

Usually constipation may be avoided if a person:

1. Drinks plenty of water
2. Eats enough fruits and vegetables
3. Takes some exercise every day
4. Forms the habit of going to the toilet at the same time every day
5. Learns to relax, especially at mealtime.

**Ulcers** Ulcers are small eroded spots in the digestive lining, usually of the stomach or the duodenum. They are often associated with oversecretion of acid in the stomach. They may bleed, erode through the wall of the digestive tract, or develop into cancer. None of the causes of ulcers are known. Nervous tension is an important factor. So is cigarette smoking; ulcers of the stomach are five times as frequent in cigarette smokers as in nonsmokers. Specimens and medications as well as discontinuance of smoking and relief of nervous tension are important treatment. In some cases, surgery is necessary.

**Appendicitis** Near the beginning of the large intestine is the vermiform appendix. The appendix serves no useful function in man.

When the appendix becomes inflamed, the condition is called appendicitis. The first symptom of appendicitis is usually pain. The pain may be sudden and severe, or it may be mild. Later symptoms may include nausea,

*(2) A person who has frequent indigestion or ulcers may be under emotional stress. Often, the best preventative for indigestion or ulcers is a change in daily life to reduce stress.*



Dr. William Beaumont, a 19th-century American physician, studied the stomach of a very unusual patient. The patient had received a wound that tore away part of his stomach. The wound healed, but an opening to the outside remained. Through this hole Dr. Beaumont observed the secretion of gastric juices, the digestion of pieces of food, and other processes. He is shown collecting gastric juices. Dr. Beaumont's observations greatly advanced the understanding of digestion.

vomiting, constipation, fever, and soreness over the lower right abdomen. If these symptoms occur, call a physician. Do not take a laxative, and do not use a hot water bag or an electric heating pad. Heat or a laxative may make an infected appendix break, spreading infection through the abdominal cavity. Practically every death from appendicitis is preventable, but it remains the cause of many deaths in the 15- to 24-year age group.

**Hemorrhoids** Sometimes the veins around the anus or in the rectum become swollen with blood. Such a swollen vein segment is called a *hemorrhoid*. Hemorrhoids sometimes bulge out near the anus. A blood

*Perhaps your principal will allow you to conduct a safety survey of your school.*

## SCHOOL SAFETY

Many accidents among young people of school age occur at school or on the way to and from school. Traffic safety is emphasized in the early school years. The need among high school students is to remember to use the rules that they have learned.

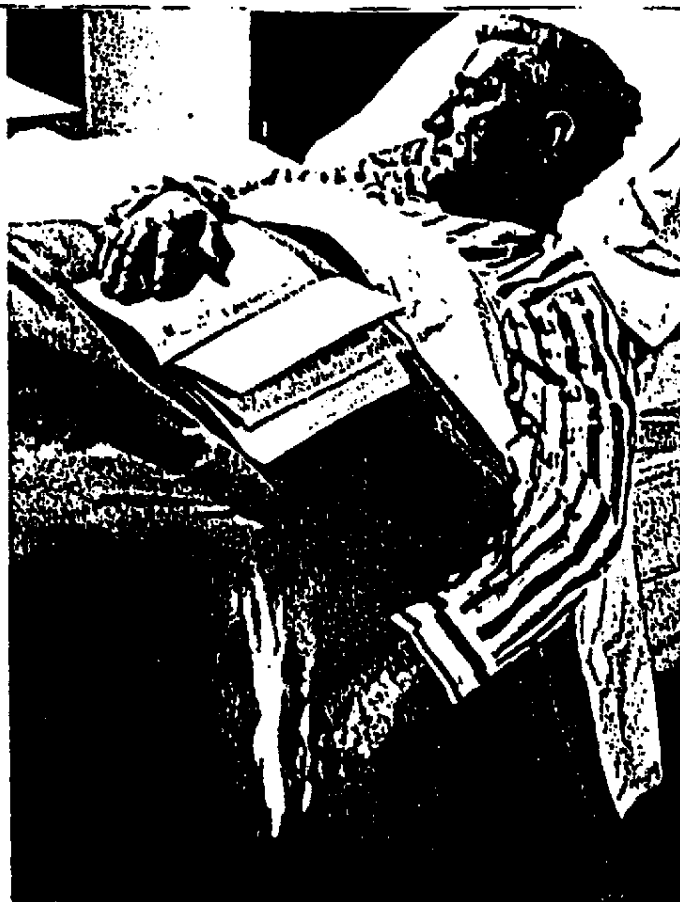
School accidents are seldom fatal, but many result in serious injuries. Accidents may occur in classrooms, lunchroom, halls, shops, gymnasium, or on the school grounds. Students are the human element that makes these places safe or dangerous. Improper use of equipment, machines, and apparatus may cause accidents.

Poor physical condition, fatigue, carelessness, or taking chances accounts for most accidents to students in athletic activities. Good physical condition and proper use of equipment are essential for the safety of those who participate in sports.

## SAFETY ON THE JOB

A person's working years may be spent at sea, on a farm, in a mine, in the woods. They may be spent in a factory, a shop, a store, a laboratory, an office. Wherever people work, their jobs should be safe as well as pleasant, interesting, and profitable.

Each year more than 14,000 people in the United States lose their lives in accidents related to their jobs. More than 2 million are injured while at work. About 8 out of 10 occupational accidents are the fault of the person injured or of his fellow workers. Prevention of accidents, therefore, depends largely upon the training of workers in safe work habits. About 1 out of 10 accidents on the job could be prevented by the proper upkeep of buildings, tools, and equipment and by the workers' use of necessary safety equipment.



Many fires, injuries, and deaths are caused by smokers who fall asleep.

Many accidents occur around machines. The most common unsafe practice is failure to stop a machine before adjusting, repairing, or cleaning it. Lack of guards or improper use of guards causes a large number of accidents with saws. In the use of grinding wheels, eye protection and proper adjustment of the tool rest are important safety measures.

With nuclear energy replacing present energy sources, more persons will have jobs in which radiation will be a hazard. Special safety equipment is needed for protection from radiation.

**Identical twins** Identical twins begin as one fertilized ovum. In some cases, at the 2-cell stage, the 2 cells separate completely and each divides into 2, 4, 8, 16, and so on. Such complete separation into two identical parts may occur at any one of the first few stages of cell division. Thus, two embryos develop. Because both develop from the same ovum and sperm, they have identical genes. If a second such complete separation occurs early in one of the series of cell divisions, identical triplets will result. Additional separations are rare, but could result in four or more identical babies. When multiple embryos develop from a single fertilized ovum, all are attached to one placenta but there is an umbilical cord for each embryo.

Identical twins whose bodies are joined together are called Siamese twins. In 1811 one famous pair of such twins was born in Thailand, which was then called Siam. Siamese twins may be joined in any area of the body. The union may involve only skin and muscle, or it may involve several tissues or vital organs. The joining results from partial separation of cells in the early stages of cell division. Sometimes the twins can be separated after birth by surgery. In other instances, separation is not possible.

**Fraternal twins** Occasionally an ovary produces two ova at nearly the same time, or the two ovaries each produce an ovum at the same time. Instead of alternating, as is usual. If each ovum is fertilized by a sperm, the normal sequence of development then follows and results in the birth of fraternal twins. Each twin comes from one sperm and one ovum. If three or more ova are released and each is fertilized by a sperm, then triplets or a larger number of babies will result. All are fraternal, since each comes from a different ovum and sperm. Each will have its own placenta and umbilical cord.

## PRENATAL CARE

It is important for parents to consult a physician as soon as they know a baby is expected. The physician will advise the mother about food, exercise, and general health care.

**Nutrition** During pregnancy, the developing baby is dependent upon its mother for all its needs. The mother's health, therefore, is of great importance to the baby. The expectant mother needs to eat plenty of nourishing foods, especially proteins. All the baby's organs and tissues are built from digested foods absorbed from her blood. She needs to drink extra milk for calcium and vitamin D, so that the baby will have strong bones and teeth.

**Diseases and drugs** The mother-to-be should avoid communicable diseases and should take the best possible care of herself if she becomes ill. Some illnesses which are not serious for a grown woman, German measles (rubella) for example, may do great damage to an unborn baby. Some drugs may be harmful to an unborn baby. Therefore, an expectant mother should use no drugs except with her physician's advice. Defects in newborn babies which are the result of diseases, drugs, or damage during pregnancy are called congenital defects.

**Cigarettes and alcoholic beverages** Nicotine and alcohol are poisons and may be harmful to growing tissues. Nicotine and alcohol are absorbed into the blood and can pass through the placenta into the baby's body. A study of 7,500 pregnancies showed that the rates of loss of fetus and premature births were nearly twice as great for smoking mothers as for nonsmoking mothers. The exact amounts of nicotine and alcohol that may be harmful are not known. A pregnant

*Nutrition is quite important during pregnancy. A baby born to a mother who has suffered severe malnutrition is frequently mentally retarded.*

275

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HUMPHREY

woman, with her physician's advice, must decide whether she will use tobacco or alcohol. Her decision is important also if she plans to nurse the baby, because nicotine and alcohol in her blood can be absorbed into her milk.

**Prenatal influences** Knowing the basic facts about how babies develop helps in evaluating stories, superstitions, and unfounded beliefs about pregnancy. Musical interest or ability cannot be acquired by the child because the mother listened to music

during pregnancy. Witnessing of an unpleasant sight by the mother will not mark the baby. However, the way people feel does affect the way their bodies work. If an expectant mother is depressed or severely upset, her nutrition may suffer. Her depression does not directly affect the baby, but the nutritional disturbance associated with the emotion may do so. Also, the hormones secreted as a result of fear or depression can pass through the placenta into the baby's body. These hormones may have a harmful effect on the baby.

1. Puberty is the period during which the testes start to produce sperm cells and the ovaries start to produce ova, or egg cells.
2. A human being begins as a single cell formed by the union of one ovum and one sperm.
3. A new individual, growing for approximately nine months in the mother's uterus, obtains oxygen and nutrients through the placenta and the umbilical cord.
4. Identical twins are born if the fertilized egg divides into two embryos soon after the union of egg and sperm. Fraternal twins are born if two ova are fertilized at the same time in the oviduct.
5. The quality of nutrition, rest, and exercise a mother gets during pregnancy can affect the baby.

KEY WORDS

ovum  
sperm  
testes  
ovaries  
puberty

semen  
menopause  
endometrium  
menstruation  
embryo

fetus  
placenta  
umbilical cord  
umbilicus

response, 7-10  
   by glandular action, 10  
   involuntary, 9-10  
   by mental action, 10  
   by muscular action, 9-10  
   voluntary, 9  
 responsibility, and group behavior, 87-88  
   in family, 289-290  
 rest, need for, 243-244  
 retardation, mental, 29-30  
 retina, 151  
   detached, 155  
 Rh factor, 179-180  
 rheumatic fever, 185-186  
 rheumatism, 229  
 rheumatoid arthritis, 229  
 riboflavin, 214  
 ribs, 228  
 tickets, 215  
 ringworm, 125, 127  
 Rocky Mountain spotted fever, 318  
 root, of tooth, 134  
   abscess of, 138  
 rose fever, 148  
 roughage, 215  
 Sabin, Dr. Albert, 99  
 safety, habits of, 246-252  
   on the highway, 246-249  
   in the home, 250  
   in industry, 327  
   on the job, 251-252  
   motorcycle, 249  
   at school, 251  
   in the water, 249-250  
 saliva, 134, 167-168  
 salivary glands, 167-168  
 Salk, Dr. Jonas, 29  
 salmonellosis, 315  
 salt, iodized, 204

scalp, 130  
 scapula, 228  
 scarlet fever, 313  
 scrotum, 266, 268  
 scuba, 198-199  
 scurvy, 215  
 secretion, internal, 202-206  
 security, need for, 65-66  
 sedative, 112  
 self-confidence, 65-66  
 self-respect, need for, 63  
 semen, 268  
 semicircular canal, 158-159  
 seminal vesicle, 268  
 separation, 296  
 sense organ, 9  
   and experience, 18-19  
 sensitivity training, 81  
 sensory nerve, 25  
 serum, 308  
 sex, determination of, 281  
   characteristics of, 12  
 sexuality, 298  
 sewage, 37  
 shampooing, of hair, 130  
 shaving, 131  
 shingles, 312  
 shock, 25  
   electric, 260  
   treatment of, 257  
 shoes, choosing of, 241  
 shoulder blade, 228  
 shoulder girdle, 228  
 sick leave, 325  
 sickle-cell anemia, 283-284  
 sight (*see* vision)  
 sinus, infection of, 141-144,  
   146-147, 200, 313  
 sinusitis, 144, 146-147  
 sitting, 240  
 skeletal muscles, 231  
 skeletal system, 226-228  
   general plan of, 226-228

skin, 122-130  
   care of, 124-125  
   color (pigmentation of), 124  
   as defense against infection, 306  
   disorders of, 124-130  
   functions of, 123-124  
   structure of, 122-123  
 skull, 226-228  
 sleep, need for, 243-244  
 sleeping sickness, 318  
 smallpox, 311-312  
   vaccination for, 308  
 smoking, 96-101  
   and disease, 99-101  
   effects of, 98-100  
   and fires, 251  
   and heart disease, 184-185  
   during pregnancy, 275-276  
   and stroke, 29  
   and ulcers, 173  
 snacks, 217  
 snakebite, 260  
 sneezing, 197, 199-200  
 Social Security Administration, 323  
 social worker, medical, 56, 326  
 sociodrama, 81  
 sodium fluoride, 137  
 soft drink, 218  
 sound waves, 158-159  
 specialist, medical, 45-46, 55  
 speech reading, 162  
 sperm, 10-11, 266-268, 278-279, 281  
 spinal column, 226-228  
 spinal cord, 9, 20-21, 24-25  
 spirochete, 304  
 syphilis, 313

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC INSTRUCTION  
BUREAU OF GENERAL AND ACADEMIC EDUCATION  
HARRISBURG

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in

HUMPHREY

**GUIDELINES  
FOR  
CURRICULUM DEVELOPMENT  
IN  
HEALTH EDUCATION**

THIS IS AN INTERIM WORKING MANUSCRIPT AND IS NOT  
TO BE CONSIDERED AN OFFICIAL PUBLICATION OF  
THE DEPARTMENT OF PUBLIC INSTRUCTION.

PILOT STUDY MATERIALS  
DEPARTMENT OF PUBLIC INSTRUCTION WORKING PAPERS  
NOVEMBER, 1967

51973 1975

SMOKINGRationale for Unit:

Until recently tobacco smoking was something that one could take or leave without undue concern that smoking presented any obvious risk to health or to life. Today, physician and other scientists have begun to suspect possible hazards in smoking, especially cigarette smoking, and a controversy over this subject still continues.

Nearly 70 million people in the United States consume 500,000,000,000 cigarettes regularly. While per capita consumption of other forms of tobacco has gone down, cigarette consumption has increased per person. It is estimated that roughly 2/3 of the men and 1/3 of the women over 18 smoke.

The smoking habit usually begins in the early teens. By grade 12, 40 - 55% of all children are found to be smoking according to one study. Another study in American secondary schools indicates that about one of every four boys smokes cigarettes, and one of every eight girls. Boys seem to be heavier smokers and this ratio seems to follow through in adult life. It has been estimated that 60 per cent of American men smoke compared to 30 per cent of American women. Many national, state, and local health agencies consider smoking, particularly among teenagers, to be one of today's most important health problems.

The United States Surgeon General's Report, Smoking and Health, made in 1964 and a report on 1966, confirmed the serious health risks attributed to smoking. Skilled research personnel have conducted studies that prove smoking, particularly cigarette smoking, is associated with a shortened life expectancy. Cigarette smoking is regarded as an important factor in the development of cancer of the lungs and cancer of the larynx, and is believed to be related to cancer of the bladder, esophagus, and oral cavity. Male cigarette smokers have a higher death rate from coronary heart disease than non-smoking males. Cigarette smoking is regarded as one of the most important causes of chronic bronchitis. There is also a relationship between cigarette smoking and pulmonary emphysema.

The majority of physicians and researchers believe these observations to be correct and say, "Don't Smoke! If you don't smoke, don't start." Some competent physicians and research personnel are less sure of the effect of cigarette smoking on health, although their number is dwindling. Nevertheless, they advise: "Be moderate if you must smoke."

The Joint Committee on Health Problems in Education of the National Education Association and the American Medical Association resolved "That schools, physicians, health departments, and other community agencies cooperate in an aggressive program designed to discourage children from starting the smoking habit and to influence youth who are smoking to discontinue the habit."

Individuals should try to reach a solution about their smoking by studying the available evidence, making a rational decision, and acting on it.

51973 1976

Basic Concept:

There is substantial evidence that smoking, particularly cigarette smoking, is harmful to health. Individuals must be aware of and understand the health hazards associated with smoking so they can make an intelligent, personal decision on whether to smoke or not to smoke.

Suggested Pupil Outcomes:

1. To understand and be aware of the health hazards associated with smoking as they pertain to the individual and society.
2. To be aware of the laws regulating the sale and use of tobacco products.
3. To gain sufficient understanding about the smoking problem so that an intelligent personal decision can be made on whether to smoke or not to smoke.
4. To realize the importance of health in leading an active, productive life.
5. To develop the habit of critically evaluating propaganda and advertisements concerning tobacco products.

## SMOKING

K - 3

## CONCEPTS

People smoke or refrain from smoking for a variety of reasons.

Cigarette smoking is harmful to the body.

Lung cancer and other chronic diseases are found more frequently among smokers than non-smokers.

Smoking advertisements affect youth in many different ways.

## SUGGESTED PUPIL ACTIVITIES

1. Consider the reasons parents give for smoking.
2. Survey parents on their attitudes concerning smoking.
  - a) do you think smoking is harmful?
  - b) do you approve of young people smoking?
  - c) do you think you could stop smoking?
  - d) have you tried to stop smoking?
  - e) do you wish you never started smoking?
3. List the advantages and disadvantages of smoking.
4. Discussion: Do you have to smoke when you are an adult?
1. Discuss the effects of smoking on the body.
  - a) heart rate
  - b) shortness of breath
  - c) appetite
  - d) irritation of the nose and throat
  - e) life-span
1. Have a doctor discuss the relationship of lung cancer and other chronic diseases to smoking habits.
1. Have pupils explain their feelings and understanding of smoking advertisements.
  - a) relate the benefits of smoking in television ads.
  - b) do advertisements tell one to smoke?

## CONCEPTS

Smoking is a dangerous habit that is very difficult to change.

Along with a great increase in smoking in the last 25 years, there has been a corresponding increase in lung cancer.

Diseases other than lung cancer are found more commonly among cigarette smokers than non-smokers.

Smoking interferes with many of the body processes.

## SUGGESTED PUPIL ACTIVITIES

1. Survey adults and teenagers reasons as to why they do or do not smoke.
2. Explain why the smoking habit is so difficult to break.
3. Discuss why young people should not smoke. Consider reasons of health, disease, and cost to the individual and society.
4. Survey the opinions of parents, friends, doctors, coaches as to why they approve or disapprove of young people smoking.
1. Construct a graph showing the lung cancer death rate of cigarette smokers and non-smokers for the past 25 years.
2. Discuss the risk of getting lung cancer after one gives up smoking.
3. Make a chart showing the lung cancer cure-rate.
4. Compare the risks of pipe, cigar, cigarette smokers and non-smokers in developing lung cancer.
1. Write to the American Cancer Society asking for information showing the relationship of smoking with coronary heart disease, emphysema, pulmonary bronchitis, and stomach ulcers.
2. Class reports and discussion on the above activity.
1. Report on the effects of smoking on:
  - a) appetite
  - b) nervous excitement and relaxation
  - c) shortness of breath
  - d) loss of weight
  - e) heart rate
  - f) body temperature.
2. Invite a physician to speak on the effects of tobacco on the body.
3. Film: "Huffless, Puffless Dragon."

Cigarette smoking is an expensive habit.

Tobacco advertising is sometimes misleading.

Smoking can affect the performance of an athlete.

1. Estimate the cost of smoking one pack of cigarettes a day for a week, a month, and for a year.
2. Emphasize the cost of careless smoking habits result in great loss to timber, wildlife, and recreation areas.
3. Discuss the fire hazards that are caused by careless smoking habits.
1. Discuss the appeal of smoking advertising and the effect on causing young people to start the smoking habit.
2. Explain the use and effectiveness of cigarette filters.
3. Bring smoking advertisements to class and evaluate them.
1. Invite one of the school's athletic coaches to explain why athletes should not smoke.



## SMOKING

7 - 9

## CONCEPTS

There is no single explanation for smoking behavior.

## SUGGESTED PUPIL ACTIVITIES

1. Discuss the early use of tobacco by the American Indians, the Europeans, and the present-day use of tobacco products.
2. Bring in current newspaper and magazine articles discussing the use of tobacco products and its consequences.
3. List reasons why people do or do not smoke. Are they compelling?
4. Have a committee of students conduct a survey of the opinions of parents, friends and coaches, on the use of tobacco by teenagers.
5. Survey classes to determine the smoking attitudes and habits of students.
6. Filmstrip: "I'll Take The High Road."
7. List the benefits derived from smoking.
8. Discuss: A) how to refuse a cigarette;  
B) how does your smoking effect others at a meeting or social function?
9. Buzz session: Should teenagers smoke?
10. Report: What do excessive smokers and drinkers have in common?
11. Investigate the state laws regarding the sale and use of tobacco products.

1. View and discuss film: "Tobacco and the Human Body", EBF.

1. Identify and examine the contents of a cigarette.
2. Explain the effects of nicotine on the body.
3. Report on the carcinogens found in the tar residues of cigarette smoke.
4. Chart the incidence of lung cancer found in cigar, pipe, cigarette smokers, and non-smokers.

The body processes are effected by smoking habits.

Cigarette smoking is causally related to lung cancer in men.

# produced by RJRTC in HUMPHREY

Chronic bronchitis, pulmonary emphysema, cardiovascular disease are found more commonly in cigarette smokers than non-smokers.

Millions of dollars are spent annually to influence the smoking habits of the public.

5. Research and report on the following study: Smoking and Health, by the U.S. Public Health Service.
  6. Make a poster indicating the brand names of cigarettes, nicotine content, and the effectiveness of brand filters.
  7. List the types and effectiveness of cigarette filters.
  8. Have a student relate the experiences in smoking his first cigarette.
  9. Chart the lung cancer death rate for the past 10 years. Include the following groups: never smoked, less than 1 pack per day; 1-1 pack per day, 1-2 packs per day; 2 or more packs per day.
  10. Show photomicrographs of cancerous and non-cancerous lung tissue.
  11. Discuss the treatment of lung cancer patients.
  12. Explain how tars from cigarettes affect the membrane of the respiratory tract.
  13. Discuss: Why and how did Congress pass a law requiring cigarette companies to print a warning on each pack of cigarettes.
- 
1. Investigate the effect of cigarette smoking on chronic bronchitis, pulmonary emphysema, cardiovascular disease, peptic ulcer, and emphysema.
    - a) compare smokers and non-smokers mortality and morbidity rates.
    - b) specific effects caused by smoking
    - c) treatment
    - d) prognosis
  2. Invite an inhalation therapist to discuss his role in treating respiratory diseases. Would he advocate the use of tobacco products?
    1. Compare the amount of money spent annually in the U.S. for smoking, education, recreation, and welfare, hospitalization.
    2. Tape radio and television smoking commercials and discuss them in class (type of appeal, age groups).

## SMOKING

10 - 12

### CONCEPTS

Smoking seems to be related to a range of diverse psychological behaviors which may be set off by different personal needs.

### SUGGESTED PUPIL ACTIVITIES

1. Develop a questionnaire for a school survey on smoking attitudes and habits. Publish the results in the school paper.
  2. Interview friends and doctors to find out how and why they started smoking.
  3. Study advertising propaganda that deals with smoking in an effort to see what the image of a smoker is and how this influences youth and adults to start to smoke.
  4. Ascertain the effect of family relationships on influencing smoking habits.
  5. Determine the cultural and sociological influences on the attitudes and habits of smokers.
  6. Filmstrip: "To Smoke Or Not To Smoke."
  7. Debate: Cigarette advertising should be banned.
  8. Debate: Have a group of smokers and non-smokers debate the pro's and con's of smoking.
  9. Establish reasons for professional athletes being discouraged from participating in cigarette advertisements.
  10. Discuss the unattractive personal characteristics of a smoker.
1. Build a smoking machine and collect coal tar and nicotine in a cigarette holder.
  2. Using the smoking machine, place a goldfish or guppy in the first gallon container, and observe the effects of dissolved nicotine in the water on a living organism.
  3. Reports by students on the contents of cigarette smoke, and their effect on human tissue.
  1. Review studies and experiments comparing the physical ability before and after smoking in terms of temperature, pulse, blood pressure, vital capacity and muscular coordination and respiration.

The components of tobacco and its by-products are many.

Smoking directly affects many of the body functions.

10 - 12, Cont.

The evidence linking cigarette smoking and lung cancer is very substantial.

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The mortality ratio of cigarette smokers over non-smokers is particularly high for a number of other diseases including chronic bronchitis, emphysema, cancer of the larynx, peptic ulcers, and heart and coronary diseases.

2. Determine the effects of smoking on exercise and physical fitness.
3. Invite a coach to discuss the training habits of athletes.
1. Review the trends since 1920 concerning the increase in tobacco consumption.
2. Construct a chart showing the increase in morbidity and mortality rates of lung cancer since 1920.
3. Discuss the implication of the report made by the U. S. Public Health Service in 1964, Smoking and Health.
4. Report on the American Medical Association's stand on smoking.
5. Cite legislation requiring cigarette companies to warn the public of the risks in using their products.
6. Post magazine articles discussing research that is being conducted relating to the treatment and cure of lung cancer patients.
7. View and discuss film: "Is Smoking Worth It?"
8. Exhibit smoking posters obtained from the American Cancer Society.
9. Filmstrip: "Nature Filter."
10. Discuss the effectiveness of cigarette filters.
11. Make a poster listing the cigarette brands and their nicotine content (with and without filters).
12. Research and discuss: Does smoking more and inhaling deeply increase the odds relating to premature death?
1. Report on the following aspects concerning chronic bronchitis, emphysema, cancer of the larynx, oral cavity, esophagus, peptic ulcers, and heart and circulatory disease.
  - a) incidence and trends
  - b) effects of cigarette smoking

## SMOKING

RESOURCE MATERIALS

(Preview all materials - Review all films)

BOOKS -- General

- American Medical Association, Today's Health Guide  
Chicago: American Medical Association, 1965
- Brecher, Ruth and Edward, Consumers' Report on Smoking and Public Interest  
Mount Vernon: Consumers' Union, 1963
- Cain, Arthur H., Young People and Smoking  
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- Castillo, Juan J., Living Cancer and Cigarette Smoking  
New York: Carlton Press, Inc.
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New York: Carlton Press, Inc.
- Heise, Jack, Painless Way to Stop Smoking  
Des Moines: Meredith, 1963
- James, George and Rosenthal, Theodore, Tobacco and Health  
Springfield, Illinois: Charles C. Thomas, 1962
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Boston: Christopher, 1962
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Englewood Cliffs: Prentice-Hall, 1963
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New York: Messner, 1964
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Boston: Houghton-Mifflin Co., 1964

51973 1985

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Royal College of Physicians, Smoking and Health  
Summary and Report of the Royal College and Physicians of London on Smoking in relation to cancer of the lung and other diseases.  
New York: Pitman Publishing Corporation, 1962

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New York: John Wiley & Sons, 1965

U. S. Surgeon General Advisory Committee, Smoking and Health  
Washington: Report of the Advisory Committee of the Surgeon General of the U. S. Public Health Service. Bulletin No. 1103, 1964.

Wiggers, C. J. and others, Cardiovascular Effects of Nicotine and Smoking  
New York: Annals of the New York Academy of Science, 1960

#### FILMS -- General

The following films may be obtained from the American Cancer Society:

Huffless, Puffless Dragon  
Is Smoking Worth It?  
Smoking and You  
Who's Me?  
Breaking the Habit  
Time for Decision  
Too Tough To Care

#### FILMSTRIPS -- General

The Cancer Challenge to Youth - American Cancer Society  
To Smoke or Not to Smoke - American Cancer Society  
I'll Choose the High Road - American Society  
The High Cost of Smoking - American Heart Association  
Nature's Filter - National TB Association  
Smoking and You - American Heart Association  
Cigarettes and Health - National TB Association  
Tobacco and Alcohol - Guidance Associates

#### PERIODICALS

American Journal of Public Health  
Consumer Reports  
Journal of the American Medical Association  
Journal of Health, Physical Education, and Recreation  
Journal of the National Cancer Institute

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in

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**CONCEPTUAL GUIDELINES  
for  
SCHOOL HEALTH PROGRAMS  
in PENNSYLVANIA**

A Program Continuum for Total School Health

BUREAU of GENERAL and ACADEMIC EDUCATION  
DIVISION of HEALTH, PHYSICAL and CONSERVATION EDUCATION  
PENNSYLVANIA DEPARTMENT of EDUCATION

FEBRUARY, 1970

51973 1987

## SMOKING

### Rationale for Unit:

Until recently tobacco smoking was a practice that one could take or leave without undue concern that it presented any critical risk to one's health or life. Today, physicians and scientists are convinced that the period of uncertainty is over. While research will continue to probe the yet unsolved mysteries related to smoking and health there appears to be little reason to doubt that lung cancer is directly associated with cigarette smoking; that heart disease and cigarette smoking share a relationship, and that bronchitis, emphysema and chronic disability can also be traced to cigarette smoking.

Nearly 70 million people in the United States consume 500,000,000,000 cigarettes regularly. While per capita consumption of other forms of tobacco has gone down, cigarette consumption has increased per person. It is estimated that roughly 2/3 of the men and 1/3 of the women over 18 smoke.

The smoking habit usually begins in the early teens. By grade 12, 40 - 55% of all children are found to be smoking according to one study. Another study in American secondary schools indicates that about one of every four boys smokes cigarettes, and one of every eight girls. Boys seem to be heavier smokers and this ratio seems to follow through adult life. It has been estimated that 60 percent of American men smoke compared to 30 percent of American women. Many national, state, and local health

agencies consider smoking, particularly among teenagers, to be one of today's most important health problems.

The United States Surgeon General's Report *Smoking and Health*, made in 1964 and a later report in 1967, confirmed the serious health risks attributed to smoking. Skilled research personnel have conducted studies that prove smoking, particularly cigarette smoking, is associated with a shortened life expectancy. The majority of physicians and researchers believe these observations to be correct and support the warning that "If you do smoke, quit," and "If you don't smoke, don't start." There are still some physicians and research personnel who are not completely sure of the effect of cigarette smoking on health, although their number is dwindling. Nevertheless, they advise: "Be moderate if you must smoke."

The Joint Committee on Health Problems in Education of the National Education Association and the American Medical Association resolved "That schools, physicians, health departments, and other community agencies cooperate in an aggressive program designed to discourage children from starting the smoking habit and to influence youth who are smoking to discontinue the habit." May this resolution be a challenge to every teacher to assist individuals with every possible resource in reaching a solution about their smoking by studying the available evidence, making a rational decision and acting on it.

### Basic Concept:

There is substantial evidence that smoking, particularly cigarette smoking, is harmful to health. Individuals must be aware of and understand the health hazards associated

with smoking so they can make an intelligent, personal decision on whether to smoke or not to smoke.

### Suggested Pupil Outcomes:

Examine and evaluate the health hazards associated with smoking as they pertain to the individual and society.

Demonstrate a knowledge of the laws regulating the sale and use of tobacco products.

Identify and evaluate the smoking problem so that

an intelligent personal decision can be made on whether to smoke or not to smoke.

4. Conclude the importance of health in leading an active, productive life.
5. Demonstrate ability to evaluate information related to tobacco products.



## SMOKING

4 - 6

### CONCEPTS

People smoke or refrain from smoking for a variety of reasons.

Cigarette smoking is harmful to the body.

Lung cancer and other chronic diseases are found more frequently among smokers than non-smokers.

Smoking advertisements affect health in many different ways.

Smoking is a dangerous habit that is very difficult to change.

Along with a great increase in smoking over the past 25 years, there has been a corresponding increase in lung cancer.

Diseases other than lung cancer are found more commonly among cigarette smokers than non-smokers.

Cigarette smoking may affect the individual in ways other than health.

### SUGGESTED PUPIL - TEACHER ACTIVITIES

1. Examine the reasons people in general give for smoking.
  2. Survey parents on their attitudes concerning smoking.
    - a) Do you think smoking is harmful?
    - b) Do you approve of young people smoking?
    - c) Do you think you could stop smoking?
    - d) Have you tried to stop smoking?
    - e) Do you wish you never started smoking?
  3. List the advantages and disadvantages of smoking.
  4. Identify and examine reasons why young people begin smoking.
- 
1. Discuss the effects of smoking on the body.
    - a) heart rate
    - b) shortness of breath
    - c) appetite
    - d) irritation of the nose and throat
    - e) life-span
  1. Invite a doctor to discuss the relationship of lung cancer and other chronic diseases to smoking habits.
  2. Examine the results of continuing research relating smoking to chronic diseases.
- 
1. Evaluate with the pupils their feelings and understanding of smoking advertisements.
    - a) Relate the benefits of smoking in television ads.
    - b) Question whether advertisements tell one to smoke.
  1. Explain why the smoking habit is so difficult to break.
  2. Discuss why young people should not smoke. Consider reason of health, disease, and cost to the individual and society.
- 
1. Construct a graph showing the lung cancer death rate of cigarette smokers and non-smokers for the past 25 years.
  2. Examine the risk of getting lung cancer after one gives up smoking.
  3. Construct a chart showing the lung cancer cure-rate.
  4. Compare the risks of pipe, cigar, cigarette smokers and non-smokers in developing lung cancer and other respiratory diseases.
- 
1. Write volunteer health agencies requesting information showing the relationship of smoking with coronary heart disease, emphysema, pulmonary bronchitis, and stomach ulcers. The teacher should do this to avoid a flood of letters descending upon local agencies.
  2. Organize small study groups to examine materials from each agency contacted and report to class.
- 
1. Investigate the cost of smoking one pack of cigarettes a day for a week, a month, and for a year.

## CONCEPTS

Tobacco advertising may be misleading.

Smoking can affect the performance of an athlete.

There is no single explanation for smoking behavior.

Cigarette smoking is causally related to lung cancer in men.

## SMOKING

4 - 6

### SUGGESTED PUPIL - TEACHER ACTIVITIES

2. Investigate the cost of careless smoking habits which may result in great loss to timber, wildlife, and recreation areas.
3. Discuss how fires are caused by careless smoking habits.
1. Examine the appeal of smoking advertising and the effect on causing young people to start the smoking habit.
2. Discuss the use and effectiveness of cigarette filters.
3. Bring smoking advertisements to class and evaluate them.
1. Invite one of the school's athletic coaches to explain why athletes should not smoke.
2. Display posters of professional athletes endorsing non-smoking.
3. Invite varsity athletes, who are and have been non-smokers to discuss the reasons for not smoking.

## SMOKING

7 - 9

1. Discuss the early use of tobacco by the American Indians, the Europeans, and the present-day use of tobacco products.
2. Bring in current newspapers and magazine articles discussing the use of tobacco products and its consequences.
3. List reasons why people (teenagers in particular) do or do not smoke. List the benefits derived from smoking. Compare.
4. Have a committee of students conduct a survey of the opinions of parents, friends and coaches, on the use of tobacco by teenagers.
5. Survey classes to determine the smoking attitudes and habits of students.
6. Present appropriate film or filmstrip as introduction or summary.
7. Discuss:
  - a) how to refuse a cigarette
  - b) how smoking affect others at a meeting or social function
8. Investigate the state laws regarding the sale and use of tobacco products.
9. Investigate a possible linkage between the use of tobacco, alcohol and drugs.
1. Identify and examine the contents of a cigarette.
2. Examine the effects of nicotine on the body.
3. Investigate the carcinogens found in the tar residues of cigarette smoke.
4. Chart the incidence of lung cancer found in cigar, pipe, cigarette smokers, and non-smokers.
5. Conduct research and make reports or examine by discussion panel the Surgeon General's report of 1964 and 1967 and/or related literature printed subsequently.

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Chronic bronchitis, pulmonary emphysema, cardiovascular disease are found more commonly in cigarette smokers than nonsmokers.

Millions of dollars are spent annually to influence the smoking habits of the public.

Smoking seems to be related to a range of diverse psychological behaviors which may be set off by different personal needs.

## SMOKING

7-9

### CONCEPTS

### SUGGESTED PUPIL - TEACHER ACTIVITIES

- Construct a chart indicating the brand names of cigarettes, nicotine content, and the effectiveness of brand filters.
- List the types and effectiveness of cigarette filters.
- Chart the lung cancer death rate for the past 10 years. Include the following groups: never smoked, less than 1 pack per day, 1/2-1 pack per day, 1-2 packs per day; 2 or more packs per day.
- Obtain and show photomicrographs of cancerous and non-cancerous lung tissue.
- Discuss the treatments for lung cancer patients.
- Investigate how tars from cigarettes affect the membrane of the respiratory tract.
- Discuss: Why and how did Congress pass a law requiring cigarette companies to print a warning on each pack of cigarettes?
- Investigate the effect of cigarette smoking on chronic bronchitis, pulmonary emphysema, cardiovascular disease, peptic ulcer, and emphysema.
  - compare smokers and non-smokers mortality and morbidity rates.
  - specific effects caused by smoking
  - treatment
  - prognosis
- Invite an inhalation therapist to discuss his role in treating respiratory diseases. Discuss the use of tobacco products as seen through his experiences.
- Compare the amount of money spent annually in the U. S. for smoking, education, recreation, welfare and hospitalization.
- Tape radio and television smoking commercials and discuss them in class (type of appeal, age groups).

## SMOKING

10-12

- Develop a questionnaire for a school survey on smoking attitudes and habits. Publish the results in the school paper.
- Interview friends and doctors to find out how and why they started smoking.
- Study advertising propaganda that deals with smoking in an effort to see what the image of a smoker is and how this influences youth and adults to start to smoke.
- Ascertain the effect of family relationships on influencing smoking habits.
- Determine the cultural and sociological influences on the attitudes and habits of smokers.
- Utilize appropriate film or filmstrip.
- Debate: "Should cigarette advertising be banned?"

## SMOKING

10 - 12

### CONCEPTS

Smoking directly affects many of the body functions.

The evidence linking cigarette smoking and lung cancer is very substantial.

The mortality ratio of cigarette smokers to non-smokers is particularly high for diseases of chronic bronchitis, emphysema, cancer of the larynx, peptic ulcers, and heart and coronary diseases.

Smoking is an expensive as well as a dangerous habit.

### SUGGESTED PUPIL - TEACHER ACTIVITIES

8. Debate: "The pro's and con's of smoking." (Suggest, if possible, the panel be made up of smokers and non-smokers.)
  9. Evaluate reasons for professional athletes being discouraged from participating in cigarette advertisements.
  10. Discuss the unattractive personal characteristics of a smoker. Contrast these with attractive characteristics.
- 
1. Investigate through discussion or reports the contents of cigarette smoke, and its effect on human tissue.
  2. Review studies and experiments comparing the physical ability before and after smoking in terms of temperature, pulse, blood pressure, vital capacity and muscular coordination and respiration.
  3. Investigate the effects of smoking on exercise and physical fitness.
- 
1. Review the trends since 1920 concerning the increase in tobacco consumption.
  2. Construct a chart showing the increase in morbidity and mortality rates of lung cancer since 1920.
  3. Discuss the implication of the Surgeon General's Reports of 1964 and 1967.
  4. Report on the American Medical Association's position on smoking and health.
  5. Cite legislation requiring cigarette companies to warn the public of the risks in using their products. Investigate cases of suits brought against tobacco companies by smokers.
  6. Post magazine articles discussing research that is being conducted relating to the treatment and cure of lung cancer patients.
  7. Exhibit smoking posters obtained from the American Cancer Society.
  8. Research and discuss: "Does smoking more and inhaling deeply increase the odds relating to premature death?"
- 
1. Report on the following aspects concerning chronic bronchitis, emphysema, cancer of the larynx, oral cavity, esophagus, peptic ulcer, and heart and circulatory disease.
    - a) incidence and trends
    - b) effects of cigarette smoking
    - c) prognosis
    - d) recovery statistics
    - e) research
    - f) detection
  2. Present appropriate film or filmstrip.
- 
1. Review the amount of money one could save by not smoking a pack of cigarettes a day for one year, five years, until retirement.
  2. Review the cost of treatment and rehabilitation of those with diseases related to smoking.

## SMOKING

10 - 12

### CONCEPTS

Many states have laws and regulations concerning the sale of tobacco products.

Guidelines are now available to help those who desire to give up the smoking habit.

The reasons for smoking are considered to be largely psychological and sociological.

Mounting evidence from various sources indicate that smoking contributes to mortality from certain specific diseases and to the overall death rate.

### SUGGESTED PUPIL - TEACHER ACTIVITIES

3. Review the costs imposed on society by careless smoking habits.
1. Discuss the effectiveness and enforcement of Pennsylvania laws covering the sale and use of tobacco.
2. Buzz session: Are school smoking regulations necessary? Are they enforced? If not, why not?
3. Debate: Cigarette taxes should be used for Health and Smoking Education.
4. Discuss how advisable are school smoking rooms.
1. Ask an enthusiastic ex-smoker to talk with the class or students and answer questions on his experiences while attempting to end the smoking habit.
2. Discuss the value of chemicals and/or anti-smoking products in developing an aversion to smoking.
3. Investigate the development of a safe cigarette.
4. Have a member of a local withdrawal clinic speak to students on learning to live without cigarettes.
5. Describe individual and group withdrawal techniques.
  - a) avoid smoking situations
  - b) substitutes for smoking
6. Investigate an individual's need for the oral stimulation provided by a cigarette, pipe or cigar.

## SMOKING

### GRADE 13

1. Discuss and evaluate the reasons given for smoking.
2. Discuss the beneficial effects of smoking in the area of mental health.
3. Consider the case of total abstention.
4. List the factors influencing smoking habits.
5. Discuss the reasons given for being a non-smoker.
6. Discuss how a smoker may affect others around him?
7. Debate: Group of smokers and non-smokers debate the pro's and con's of smoking.
1. Review the stand of the American Medical Association concerning smoking and health.
2. Review and discuss the reports of the Surgeon General's Office, 1964-67.
3. Summarize the findings of the Royal College of Physicians of London on the effects of smoking and health.
4. Investigate the American Cancer Society's Research Program in the field of smoking and health.
5. Examine the recuperative powers of the body and its tissues of persons who stop smoking.

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# Smoking and Health

## The Pennsylvania Story

51973 1994

Progress Report

Of The Pennsylvania Committee

51973 1995

COMMONWEALTH OF PENNSYLVANIA



DEPARTMENT OF HEALTH

P. O. BOX 90

HARRISBURG 17120

THOMAS W. GEORGES, JR., M.D.  
SECRETARY OF HEALTH

RECEIVED

1969

School Health Service

August 25, 1969

Dear Fellow Health Worker:

The Pennsylvania Committee on Smoking and the Health  
of Youth is pleased to provide you with the 1969 Progress Report  
of The Pennsylvania Story on Smoking and Health.

Sincerely,

Charles L. Leedham, M.D., Director  
Bureau of Educational Activities

Chairman, Pennsylvania Committee on  
Smoking and the Health of Youth

Enclosure

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in

HUMPHREY

# SMOKING AND HEALTH

## The Pennsylvania Story

PROGRESS REPORT  
OF THE PENNSYLVANIA COMMITTEE  
ON SMOKING AND THE HEALTH OF YOUTH  
APRIL 1969

51973 1996



## FOREWORD

The Pennsylvania Committee on Smoking and the Health of Youth was organized January 24, 1963. Its purpose is:

1. To give leadership and coordination to an aggressive state-wide and year-round campaign on the effects of smoking on health.
2. To establish procedures through which young people can be given accurate information about cigarette smoking and its hazards.
3. To provide this information also to individuals who work with and influence young people.

It was inevitable that this Committee would be formed because of the mounting evidence correlating the ill-effects of cigarette smoking and personal health over the past 10-15 years.

There have been many and varied activities in the area of smoking and health in Pennsylvania since the formation of this Committee. The following pages will highlight some of the significant activities which have been undertaken.

CHARLES L. LEEDHAM, M.D.  
*Chairman*

Pennsylvania Committee on Smoking  
and Health of Youth

# TABLE OF CONTENTS

	PAGE
FOREWORD _____	iii
Committee—Agency Listing _____	1
Introduction _____	2
Accomplishments _____	3
1. Stimulation of Local Programs _____	4
2. Distribution of Educational Material _____	5
3. Publication of Teachers' Resource Unit _____	6
4. Promotion of Meetings, Conferences, and Seminars _____	6
5. Development of Educational Television Programs _____	10
6. Establishment of Education Week on Smoking and Health _____	10
7. Initiation of Project Proposal for Full-time Staff _____	11
8. Stimulation of Three Research Projects _____	11
9. Other Activities _____	12
Epilogue _____	12
Appendices _____	14
I. Committee Members _____	14
II. Letters to School Administrators (1963) _____	15
III. Letters to School Administrators (1965) _____	16
IV. Governor's Proclamation (Smoking and Health Education Week, 1969) _____	17
V. Pittsburgh Public School Smoking Survey Statistics _____	18
VI. Research Projects Associated with College Conferences on Smoking Conducted by the Pennsylvania Committee _____	21

51973 1998

**MEMBER AGENCIES**  
**OF**  
**THE PENNSYLVANIA COMMITTEE ON**  
**SMOKING AND THE HEALTH OF YOUTH**

American Cancer Society—Pennsylvania Division

Future Homemakers of America—Pennsylvania Division

Governor's Council for Human Services

Pennsylvania Congress of Parents and Teachers

Pennsylvania Department of Health

Pennsylvania Department of Public Instruction

Pennsylvania Division of 4-H Clubs

Pennsylvania Health Council, Inc.

Pennsylvania Heart Association

Pennsylvania Medical Society

Pennsylvania Nurses Association

Pennsylvania State Association for Health, Physical Education and Recreation

Pennsylvania State Education Association

Pennsylvania Tuberculosis and Health Society

Young Women's Christian Association

## INTRODUCTION

Instruction on the effects of tobacco on the human system has been encouraged in Pennsylvania schools for many years. However, little attention was paid to this subject until the recent mass of evidence correlating the ill-effects of cigarette smoking and personal health was made known, and the Pennsylvania Committee on Smoking and the Health of Youth was formed, in January, 1963.

The Pennsylvania Division of the American Cancer Society and the Pennsylvania Tuberculosis and Health Society had been carrying on an active anti-smoking program for a number of years prior to the formation of the Committee, and in March, 1961, the Pennsylvania Heart Association joined ranks with these two agencies to issue a joint statement which called the smoking problem "to the attention of the public, and particularly to urge parents, teachers, physicians, and others in a position to guide youth, to inform them about the effects of smoking before their habit patterns are established."

These three agencies prevailed upon the Pennsylvania Department of Health to conduct a state conference to consider the health hazards of smoking and to explore the possibility of initiating a united educational program on this subject.

Such action was taken and a very successful two-day workshop meeting was held on September 27 and 28, 1962, in Harrisburg, entitled "Conference on Smoking and The Health of Youth." This Conference was sponsored by the Pennsylvania Department of Health, Pennsylvania Department of Public Instruction, Pennsylvania Medical Society, Pennsylvania Division of the American Cancer Society, Pennsylvania Heart Association, and the Pennsylvania Tuberculosis and Health Society. About 250 people attended, including a number of health and school authorities, and a number of leaders of the voluntary agencies. However, the majority were representatives of student bodies of the various high schools throughout the state.

The conference participants unanimously agreed that every student in the high school and pre-high school levels should be informed of the dangers and problems of smoking, and that a coordinated educational program should be developed in Pennsylvania.

Following the conference, at the suggestion of the Pennsylvania Tuberculosis and Health Society, the Pennsylvania Department of Health and the Pennsylvania Department of Public Instruction combined forces to form the Pennsylvania Committee on Smoking and the Health of Youth to provide "leadership and coordination to an aggressive state-wide and year-round campaign on the effects of smoking on health."

Since the formation of the Committee, there has been an "explosion of interest." However, the smoking habit is deeply rooted in our society, and its complexity is compounded by social, psychological, economic, and moral factors which prohibit any speedy solution.

The Committee has, from the beginning, recognized the enormity and complexity of the problem. It is not attempting to develop any spectacular short-term projects for quick gains; but rather programming with a goal for long-lasting and meaningful effects. It is working on the assumption that "in union there is strength" and that if all of the forces of the interested agencies are brought together in a coordinated and continuing program, the tide of smoking—particularly among young people—will eventually be stemmed. Thus, the following basic concepts were soon determined:

1. That an on-going program was definitely in order and vigorous prosecution of such a program be urged.
2. That such a program should be designed and aimed specifically at the pre-high school teenager. (As the Committee progressed in its efforts, it decided that the program should be aimed primarily at the elementary child.)

3. That data on smoking and the health of youth should be established as a permanent part of the curriculum of the schools of the State.
4. That the project was basically one for the school authorities to carry out.
5. That the Health Department and the voluntary agencies could best lend their support on a professional level by supplying data, material, and effort to further the project.

Following is the Committee's statement of philosophy which was adopted during an early meeting. This statement is prominently displayed on the back cover of packets of resource materials which have been distributed to key personnel in the schools and community:

"Americans have been smoking since Indians gathered around fires for peace conferences and Sir Walter Raleigh popularized the habit. It is only within the past ten years that mounting scientific evidence has suggested cigarette smoking is harmful to health.

"Tobacco consumption has been steadily increasing during the past 20 years, particularly among young people, who are smoking earlier and more heavily.

"Because of concern about the serious diseases associated with heavy cigarette smoking and the growing numbers of smokers among teenagers and pre-teenagers, Dr. Charles L. Wilbar, Jr., then Secretary of Health, and Dr. Charles H. Boehm, then Superintendent of Public Instruction, issued a statement saying, 'It is now time to muster available resources for an all-out educational program on smoking.' Toward that end, they appointed a steering committee of medical men, educators, civic leaders, representatives of youth groups, official and voluntary health organizations.

"The steering committee identified their work as follows: to establish procedures through which young people can be given accurate information about cigarette smoking and its hazards; to provide this information also to individuals who work with and influence young people.

"A packet of material—for use in school assemblies, in the classroom, and in science projects or demonstration—has been provided for the curriculum centers. Teachers may obtain resource aids, such as literature, films from local and regional health units and from the local cancer, tuberculosis, and heart offices. Guidelines for regional student forums also have been prepared. It is the Committee's hope that regional steering committees will be created to assist with these forums.

"These procedures, materials, and interested persons working with young people, can bring the important facts regarding cigarette smoking and its relationship to health to the attention of students in an interesting and meaningful manner in order that they may decide for themselves whether or not to begin or to continue smoking."

Thus, it can be clearly seen that the Committee is diligently striving to carry out its purpose:

1. To give leadership and coordination to an aggressive state-wide and year-round campaign on the effects of smoking on health.
2. To establish procedures through which young people can be given accurate information about cigarette smoking and its hazards.
3. To provide this information also to individuals who work with and influence young people.

#### ACCOMPLISHMENTS

The few short years in which the Committee has been functioning have been fruitful indeed. A number of programs and ideas have been established which go a long way towards the fulfillment of the threefold purpose of the Committee. These include:

1. Stimulation of local programs.
2. Distribution of educational materials.

8. Publication of a teachers' resource unit.
4. Promotion of numerous meetings, conferences, and seminars.
5. Development of educational television programs.
6. Institution of an accelerated instruction program in Pennsylvania schools.
7. Establishment of Education Week On Smoking And Health.
8. Establishment of full-time staff for the Committee.
9. Stimulation of two research projects.
10. Initiation of a project proposal to provide self-instruction courses for teachers.

The Committee is firmly convinced that its united approach is best to combat this public health problem. It has not only resulted in the various coordinated activities indicated in this report, but has undoubtedly stimulated many independent programs by the various agencies which might not otherwise have been conducted.

As evidence of the "high level" backing of the Committee's program, the Secretary of Health and the Acting Superintendent of Public Instruction sent a letter on March 25, 1965, to all chief school administrators to "reaffirm the continued interest and increasing support of both the Department of Public Instruction and the Department of Health in their efforts in this on-going program." They also requested the continued support and interest of the chief school administrators in this programs.

#### 1. STIMULATION OF LOCAL PROGRAMS

All agencies represented on the State Committee urge their local counterparts to coordinate with other local agencies. Local workers are requested to take initiative whenever necessary to stimulate local action or to cooperate when someone else from another agency does the initiating.

The State Committee stresses the importance of involving county superintendents and other chief school administrators as well as all interested voluntary and official agency personnel in the planning, conducting, and evaluating of local activities. Specific steps which have been suggested and which have actually been developed in many areas include:

- a. Formation of local councils with representation from counterpart agencies of the State Committee and other interested organizations.
- b. Meetings of chief school administrators and the supervisory, administrative, and all health-oriented professional employees in each school system.
- c. In-service education meetings with teachers.
- d. Development of evaluative procedures to determine which methods of instruction seem to produce the best results.
- e. College conferences on smoking for future teachers.
- f. Implementation of surveys among elementary and secondary students to ascertain smoking status of students.

On April 15, 1965, a questionnaire was distributed to agency representatives in the 67 counties of Pennsylvania. Fifty-six counties responded, indicating that there were seven counties with organized committees or councils on smoking and health with similar local representation as on the State Committee; and that in 39 counties many of the local agencies were working together informally on smoking and health programs. Only 10 of the 56 counties answering the questionnaire reported that there was no local coordination.

The agencies most frequently mentioned that are working together include: county, city, or regional health departments; county or district schools; units of the Pennsylvania Division of the American Cancer Society; affiliates of the Pennsylvania Tuberculosis and Health Society; chapters of the Pennsylvania Heart Association; county medical societies; county or individual school PTAs; local YMCAs; county nurses associations; county or regional health councils; and Future Homemakers of America.

Many other agencies were listed by at least one or two counties. These include: church groups, colleges, hospitals, libraries, pharmacy councils, youth groups, and the Association for Crippled Children and Adults.

The type of coordinated programs most frequently mentioned at the local level includes: meetings with school administrators; meetings with teachers; meetings with students; distribution of educational material; provision of films and filmstrips to schools; school assembly programs; PTA programs; and the preparation of resource kits or units for teachers. All of these activities were also promoted to a large extent independently by the local cancer, tuberculosis, and heart organizations.

Other activities include: school press project; poster project; assistance with classroom instruction; meetings with school nurses; essay contest; health fair; smoking crossword puzzle contest; and programs for college, library, hospital, girls' club, and 4H groups.

Forty-six of the 56 counties that replied to the questionnaire indicated that the State Committee's actions have helped to develop their local programs; two more stated that they were not sure. Forty-eight indicated that there was a noticeable increase in the demand for services and programs on smoking and health during the past two years.

To date, 11 county councils on smoking and health have been organized by the Smoking and Health Project Coordinator or regional public health educators of the Pennsylvania Department of Health and representatives of the local voluntary agencies. These councils are located in Cambria, Clearfield, Crawford, Fayette, Lycoming, McKean, Philadelphia, Washington, Westmoreland, Wyoming, and York Counties. They are employing their ideas and resources in a campaign to curtail smoking in their respective areas. Efforts by the Pennsylvania Committee are currently being extended toward organizing additional county councils.

## 2. DISTRIBUTION OF EDUCATIONAL MATERIALS

**Sample Packets.** One of the first acts of the Committee was to prepare 2,500 sample packets titled "Information on Smoking and the Health of Youth for School Programming" to indicate the kind of materials that are available to teachers and students from local agencies—primarily from cancer, tuberculosis, and heart associations. These proved to be so helpful that 2,500 more packets were assembled a few months later. Since then 5,000 in 1965 and 6,000 in 1966 were prepared with up-to-date material and distributed to teachers and other key persons throughout the state.

The materials selected were in two main categories:

### 1. Student Handouts

These are brochures available in quantity. Each can be used as a basis for discussion in small groups and can be taken home to provide some influence in developing family philosophy.

### 2. Teacher Resource and Student Research

Material outlining the historical background of the problem was included in a packet along with articles which provide the teacher with information concerning the psychological as well as the physiological aspects of smoking. Also included was a Teachers'

Resource Unit which was developed by the Committee and published by the Pennsylvania Department of Public Instruction.

No material was purposely selected that would tend to be negative or cause undue alarm, but rather an array of statistics which, when well presented, would provide a solid, factual foundation upon which the students could make a rational decision concerning the use of tobacco.

In 1967 the Committee decided that the packets of material had served their purpose, and concentrated on preparing a revised Teachers' Resource Unit for distribution in place of the packets with the understanding that the various agencies will continue to keep the school personnel informed of the material they have to offer.

b. Publication of Teachers' Resource Unit—The Committee developed a Resource Unit for teachers which was published by the Pennsylvania Department of Public Instruction in 1964. The Unit identified key problems, suggested learning activities, and listed a number of thought-provoking questions which might be considered in classroom discussions. Five thousand copies of the Unit were printed initially. These were exhausted and a second up-to-date edition (5,000 copies) of the Unit was printed, in August, 1965.

In 1967, the Pennsylvania Committee decided to extensively revise the Resource Unit on Smoking and Health. The new Unit presented discussions on the history of tobacco and smoking, the epidemiological evidence indicating smoking as a cause of diseases, the physiological and sociopsychological aspects of smoking, organization of a school program to combat cigarette smoking, implementation of a program against smoking with suggested techniques and activities that may be utilized, as well as sources of information, materials and services. Thirty thousand copies of the Unit were published in 1968, most of which have already been distributed to selected elementary and secondary teachers throughout the Commonwealth.

c. Audio-Visual Aids—As an adjunct to the printed material, the Committee screened and selected appropriate audio-visual material including films, filmstrips and exhibits as important partners in telling the full story. The Committee is confident that, if properly used, the suggested aids will go a long way in helping students reach a mature decision.

d. Health Warning Label Materials—To bring public attention to the health warning label required on every cigarette package by the Federal government as of January 1, 1966, 5,000 easel-back posters, 8 1/2 x 12", and 55,000 pamphlets titled, "There's One On Every Pack" were developed by the Department of Health. These were distributed from the Department's seven regional offices and from Harrisburg to agencies and organizations throughout the state which are concerned with health, and work with young people; to pharmacists; public transportation terminals; schools; supermarkets; public buildings, etc. The supply was completely exhausted. Permission to reproduce the posters for use in Maine was requested by the Maine Interagency Council on Smoking and Health. This was a result of the poster being distributed nationally by the National Clearinghouse on Smoking and Health. Public Health Service.

### 3. PROMOTION OF MEETINGS, CONFERENCES, SEMINARS

#### a. Regional Meetings

Nine regional meetings were held during the spring of 1963, primarily for chief school administrators. Many representatives from local voluntary agencies and health departments also attended. These were conducted in cooperation with nine area curriculum centers of the Pennsylvania Department of Public Instruction, which are located in state colleges. All 14 of the curriculum centers at that time and their affiliated state colleges were invited to participate. The proposed state program on smoking and health and the organization of the State Committee was presented during these meetings and packets of educational materials were distributed.



#### b. College Conferences on Smoking

During the 1964-65 school year, four one-day seminars were conducted in teacher training institutions. Two, one in the eastern section and one in the western section of the state, were devised for selected students and faculty from all of the institutions in each of these areas. The other two were held only for the institutions serving as the hosts for the seminars.

Approximately 2,300 students at the teacher-training institutions in Pennsylvania were reached with medical and psychological facts on smoking and health through six smoking and health seminars held during the 1965-66 school year. These seminars were held at East Stroudsburg State College, where 303 students attended; Millersville State College, 456 students; Bloomsburg State College, 700; Slippery Rock State College, 400; California State College, 222; and Villa Maria College, 230.

Over 100 students from area junior and senior high schools attended the seminar at Bloomsburg State College, and one of the schools, Danville Junior-Senior High School, held an assembly program for the entire student body two months later, utilizing the seminar speaker on the psychological aspects of smoking.

During 1966-67, smoking and health seminars were conducted at nine Pennsylvania institutions of higher learning. The participating host-colleges were Gettysburg College, Lock Haven State College, Lycoming College, Allegheny College, Ursinus College, Wilkes College, Messiah College, Clarion State College and Indiana University of Pennsylvania.

During 1967-68, 12 additional smoking and health conferences were conducted at 11 colleges in Pennsylvania. Cheyney State College, Thiel College, Shippensburg State College (two conferences), West Chester State College, Millersville State College, Bloomsburg State College, East Stroudsburg State College, Kutztown State College, California State College, Eastern Baptist College and Villa Maria College. Approximately 2,800 students attended these conferences.

During 1968-69, the Pennsylvania Committee began to emphasize reaching junior and especially senior education students as much as possible, because these were the ones who would soon be teaching. As a result of this new emphasis, the majority of the smoking conferences during this period were designed to specifically reach the senior education student. The institutions of higher learning at which nine smoking conferences were conducted included the following: Clarion State College (two conferences), College Misericordia, Wilkes College, St. Francis College, Geneva College, Grove City College, Westminster College and Slippery Rock State College.

Authoritative speakers who covered the medical aspects of smoking at these conferences included Wilbur Flannery, M.D., Past President of the Pennsylvania Medical Society; Oscar Kuerbach, M.D., Senior Medical Investigator, Veterans Administration Hospital, East Orange, New Jersey; Ernest L. Abernathy, M.D., Pathologist and Director of Laboratories, the Washington Hospital, Washington, Pennsylvania; and Jasper G. ChenSee, M.D., Pathologist and Director, Quality Control Laboratories, Reading, Pennsylvania. Donald Bashore, Associate Professor of Psychology at Bloomsburg State College, discussed the sociopsychological aspects of smoking at all of these conferences. Depending on the particular circumstances at each college, sometimes, in addition to the two major presentations, other activities such as role playing, panel discussion, group discussion, questions and answers, filmstrip, and films were utilized. At each conference, either the project coordinator for the Pennsylvania Committee or a public health educator from the Pennsylvania Department of Health described the objectives of the conference and the role of the Pennsylvania Committee in conducting the conference.

Currently the Committee is planning to continue its smoking conferences at institutions of higher learning during the 1969-70 school year.

#### c. Second Pennsylvania Conference on Smoking

The Committee was concerned with all adults who deal with children and who might be in a position to offer instruction, advice, and/or stimulation. Thus, in co-sponsorship with the U. S. Public Health Service, it conducted a Second Pennsylvania Conference on Smoking and Health in the Hershey Hotel, Hershey, Pennsylvania, on October 18, 1965, for teachers, administrators, nurses, and other interested personnel from schools and colleges; youth leaders from community organizations; and health workers from official and voluntary health agencies. The purpose was to consider how teachers and leaders of youth can effectively influence young people to develop favorable attitudes and actions in relation to smoking and health, and to discuss the latest information on this subject. Speakers on the program included Emerson Foote, then Chairman of the National Inter-agency Council on Smoking and Health; Dr. Bernard Mausner, Professor of Psychology, Beaver College; Dr. Stanley C. Beckerman, Director, Division of Cancer Control, Department of Health and Welfare, Maine; Dr. Joseph C. McLain, Principal, Marmaroneck High School; William A. Allen, Director of Health Education, Philadelphia Department of Health; William A. Fackler, then Supervisor, Philadelphia Smoking and Health Research Project; William E. Graffius, then Executive Director, Pennsylvania Health Council; Dr. Clarence A. Tinsman, then Director, Division of Chronic Diseases, Pennsylvania Department of Health; and Dr. Charles L. Leedham, Director, Bureau of Educational Activities, Pennsylvania Department of Health.

Topics presented in the one-day Conference included: "Cigarette Smoking and Advertising"; "Psychological and Social Factors in the Control of Smoking"; "Smoking Education Program in the State of Maine"; "Attitudes of Students Toward Cigarette Smoking Can Be Altered—The Marmaroneck High School Program"; "Don't Overlook Parents—Philadelphia Smoking and Health Research Project"; "Don't Overlook Your Resources"; and "Audio-Visual Aids and Their Uses."

A summarization of an evaluation questionnaire completed by all conference participants and conference proceedings have been compiled and sent to all persons who attended the conference, and to schools of public health throughout the country, state health departments, and interagency committees on smoking and health.

The evaluation revealed that 81 per cent of the conference participants felt the conference met their expectations of what they wanted to learn. Ninety-one per cent said they are using, or expect to use, the information and material they receive at this conference. Seventy-one per cent felt regional conferences on smoking and health would be of value in their areas.

This conference was the highlight of Education Week on Smoking and Health, proclaimed by Governor William Scranton for the week of October 17-23, 1965. Other activities which were conducted throughout the state in observance of this week included radio and television programs, school assembly programs, youth forums, exhibits, distribution of educational materials in pharmacies, school press promotion, and special emphasis on smoking in classrooms.

#### d. Special Sessions at Annual Health Conferences

Smoking and health was the focus of a two-hour special session presented during the 14th Annual Health Conference held at Pennsylvania State University, August 15-19, 1965. Smoking and health activities in Pennsylvania were reviewed with particular regard to the Smoking Study in Pittsburgh Public Schools, the Smoking Education Survey in Pennsylvania elementary and secondary schools, the Reading Smoking Clinics Project, and the Philadelphia Smoking Project.

At the Fifteenth Annual Health Conference conducted at Pennsylvania State University, August 7-11, 1966, one of the special sessions was on smoking and health. John W. Crail of Louisville, Ohio, discussed a study he made of grade school students in Stark County, Ohio, and concluded that smoking efforts must be designed to reach students at the lower elementary level. Also, at this session, Sylvia K. Bohlayer, M.P.H., Chief of the Media Section, Division of Public Health Education, Pennsylvania Department of Health, discussed the smoking and health activities that were then being implemented in Pennsylvania, while Harold S. Diehl, M.D., then Vice President for Research and Medical Affairs, American Cancer Society, discussed smoking and health at the national level.

During the Sixteenth Annual Health Conference conducted at Pennsylvania State University, August 13-17, 1967, smoking and health was again discussed during one of the special sessions. Roy Davis, Chief of the Community Program Development Section of the National Clearinghouse for Smoking and Health, described different community and school programs; Charles A. Ross, M.D., Chief, Department of Thoracic Surgery at the Roswell Park Memorial Institute in Buffalo, New York, explained various developments on smoking and health; while Donald R. Bashore, Associate Professor of Psychology, Bloomsburg State College, discussed the psychology of the smoker.

#### e. National Interagency Council Smoking and Health Conference

The Pennsylvania Committee on Smoking and the Health of Youth was invited to attend the National Interagency Council Smoking and Health Conference held at the University of Maryland on May 1-3, 1966. Four Committee members represented the state of Pennsylvania. Many requests, ideas, methods, and materials concerning smoking and health were submitted to the Pennsylvania representatives by other persons and organizations attending the Conference.

#### f. Teachers' Workshops on Smoking

During the early part of 1968, the Pennsylvania Department of Public Instruction conducted six teachers' workshops on smoking at Millersville State College, California State College, Windber Area High School, Wilkes College, Edinboro State College and Mansfield State College. The principal speaker at these workshops was Stephen R. Homel, M.D., pediatrician from Bala-Cynwyd, Pennsylvania, who attempted to encourage the teachers to perceive their students as whole persons and to reach their students as whole persons. Representatives from the Pennsylvania Department of Public Instruction moderated the workshops, while representatives from the Pennsylvania Heart Association, Pennsylvania Tuberculosis and Health Society and the Pennsylvania Division of the American Cancer Society discussed what assistance and material aids the voluntary associations could effectively provide for teachers. Approximately 400 current teachers attended these workshops.

#### g. Leadership Development Program on Smoking and Health

On October 10-12, 1968, at the Holiday Inn Town, Harrisburg, the Eastern District Leadership Development Conference on Smoking and Health Education was conducted by the American Association for Health, Physical Education and Recreation, the Pennsylvania Department of Public Instruction and the Pennsylvania Committee on Smoking and Health. Over 160 representatives from 12 states and the District of Columbia attended this conference. Pennsylvania conducted its statewide Leadership Development Program on Smoking and Health in conjunction with the Eastern Leadership Development Program. Combining both conferences eliminated much duplication of effort and expenses for both the American Association for Health, Physical Education and Recreation and the Pennsylvania participants, and a comprehensive interaction was accomplished. Approximately 80 of the delegates at this conference were from Pennsylvania.

Major speakers at this conference included Oscar Auerbach, M.D., Senior Medical Investigator, Veterans Administration Hospital, East Orange, New Jersey, who reported on current smoking research; Godfrey M. Hochbaum, Ph.D., of the U. S. Public Health Service, who discussed the behavioral aspects of smoking; Stephen R. Homel, M.D., Bala-Cynwyd pediatrician, who covered the practical applications of behavioral research by utilizing inductive-conceptual group dynamics techniques; and Roy L. Davis of the National Clearinghouse for Smoking and Health, who spoke on the national picture of the smoking and health situation.

During one of the sessions, a symposium covered the various types of community action programs that were then being conducted. The participants were: Myer Herman, M.D., Massachusetts Department of Health (Interagency Council); Robert Yoho, Ph.D., Health Chairman, National Council of Parents and Teachers (Parent-Teachers Association); Dr. Herbert Jones, University of

Maryland (schools); Charles L. Leedham, M.D., Chairman, The Pennsylvania Committee (youth organizations other than schools); and Robert Conn, District of Columbia's Department of Public Health (Public Health). After the symposium, the conference participants divided up into five groups (schools, voluntary agencies, state education departments, PTA, and state public health) to discuss action plans currently being implemented by individuals within the groups. That evening, the states met together to see a play, "Leave It To Laurie," acted by students from Central Dauphin High School. The play depicted the pressures that young people face in deciding to smoke or not to smoke.

Each of the 16 Pennsylvania leadership teams from the Department of Public Instruction's Educational Development Centers attending the state conference were expected to return to their respective regions, form a steering committee and select dates and sites for local leadership development conferences. Planning for the local conferences has already been initiated in five areas. These conferences will be designed for local teachers, school administrators, voluntary agency personnel, parents, and other interested persons in order to stimulate a high degree of interdisciplinary and interagency cooperation in the implementation of local programs in smoking and health education.

#### **4. DEVELOPMENT OF EDUCATIONAL TELEVISION PROGRAMS**

A series of television programs has been developed to inform teachers, pupils, parents, and other adults about the new information concerning the smoking of tobacco and its effects on health. It was a joint effort of the Pennsylvania Department of Health, the Pennsylvania Department of Public Instruction, the College of Health and Physical Education of the Pennsylvania State University and the University's Continuing Education Services—Division of Broadcasting, and the Allegheny Educational Television Council. The Pennsylvania Committee on Smoking and the Health of Youth played an important role in the concept of the project and served in an advisory role in its development and completion.

These programs (four or 30 minutes each) inform instructors of children such as school teachers, scouting leaders, YMCA-YWCA advisors and church teachers of new information about the historical, economical, physiological and psychological aspects of smoking that is considered germane toward conducting a good informational program on the subject. The programs have been made available to non-commercial stations throughout the Commonwealth and have been shown at various intervals.

#### **5. ESTABLISHMENT OF EDUCATION WEEK ON SMOKING AND HEALTH**

The committee has considered various ways in which to maintain interest and spotlight attention on the subject of smoking. One approach was to establish an Education Week on Smoking and Health. This was done for the first time during the week of September 21-26, 1964; and has been repeated during the weeks of October 17-23, 1965; January 8-14, 1967; January 21-27, 1968, and January 13-19, 1969.

Both Governor William Scranton and Governor Raymond Shafer, during their tenures, issued proclamations announcing the week. Various activities have been planned during these Education Weeks on Smoking and Health, including the Second Pennsylvania Conference on Smoking and Health, radio and television programs, school assembly programs, youth forums, exhibits, distribution of materials in pharmacies throughout the Commonwealth, school press promotion, and special emphasis on smoking in classrooms throughout the Commonwealth.

The Pennsylvania Committee kicked off the 1969 Education Week on Smoking and Health with a press conference and a luncheon meeting at the Hershey Motor Lodge on January 13. Representatives from the press and three television stations, as well as student reporters, were on hand to hear Harold S. Diehl, M.D., Special Consultant to the American Cancer Society, touch on the

highlights of the evidences thus far accumulated indicting cigarette smoking as a health hazard and the progress made thus far in dissuading the public from smoking. Representatives from the Pennsylvania Medical Society, Heart Association, Tuberculosis and Health Society, Cancer Society and Department of Public Instruction were also at the press conference.

After the press conference and the luncheon, Dr. Diehl addressed the Pennsylvania Committee and other interested persons on "Where Do We Stand and Where Are We Going with the Smoking Problem?". In this presentation, he elaborated on recent research proving cigarette smoking as a serious hazard, on efforts being extended to decrease the consumption of cigarettes by consumers, and on objectives and programs to which he thought major attention should be devoted in the year ahead.

#### **6. INITIATION OF PROJECT PROPOSAL FOR FULL-TIME STAFF**

Because of the need in a number of states for staff to work with smoking and health coordinating committees, the Public Health Service notified the Pennsylvania Department of Health of the availability of funds for this purpose.

The Department of Health and the Committee were pleased to know that funds were available for staff because initially all of the accomplishments had been achieved without a permanent staff. The participating agencies, particularly the Pennsylvania Department of Health, provided the necessary staff services. This presented some problems, and the Committee was of the opinion that with an expanding program a full-time staff would be desirable.

A project proposal was submitted to the Public Health Service by the Pennsylvania Department of Health. The grant which was received covered: (1) the salary of a professional staff member to serve as a project coordinator for the Committee; (2) the salary of a clerk-stenographer; (3) the printing and purchase of educational materials; and (4) the purchase of office supplies.

The project, approved by the Public Health Service, was initiated on September 1, 1966, and will terminate on August 31, 1969.

#### **7. STIMULATION OF RESEARCH PROJECTS**

While the Pennsylvania Committee on Smoking and the Health of Youth cannot claim any direct connection, it can be credited for indirectly stimulating the establishment of three research projects in Pennsylvania.

##### **Philadelphia Smoking and Health Research Project**

This three-year (1964-1967) project was administered by the Pennsylvania Health Research Fund of the Philadelphia Department of Health. Its purpose was to test the effectiveness of education and small group interaction in modifying the cigarette smoking habits of parents of Philadelphia elementary school children, and to engage in a community-wide education program on smoking and health.

The idea for the project was proposed by the Philadelphia Tuberculosis and Health Society, during the summer of 1963, to a group of interested agencies. These agencies, including the Diocesan Schools of Philadelphia, Heart Association of Southeastern Pennsylvania, Philadelphia Department of Health, Philadelphia Division of the American Cancer Society, Pennsylvania Tuberculosis and Health Society, Philadelphia Home for Jewish Aged, Philadelphia Tuberculosis and Health Association, School District of Philadelphia, and U. S. Public Health Service served as an advisory committee to develop the project, which was approved by the U. S. Public Health Service in July of 1964. Funds (approximately \$50,000 per year) from the Division of Chronic Diseases, U. S. Public Health Service, were made available for its operation at that time, with the expectation that the project would continue for a three-year period.

Parents, teachers, and guardians of pupils in grades 1 through 6 of several elementary schools within selected school districts were approached by a questionnaire to determine their interest in the modification of their smoking patterns, and to ascertain their habits and attitudes toward smoking. Those who expressed interest were invited to a mass meeting, and, if they expressed further interest, to a series of small group meetings. Psychologists, physicians, and health educators were used to help conduct the meetings.

As a result of this project, William A. Allen, Director of Health Education, Philadelphia Department of Health; Gerhard Angermann, Supervisor of Philadelphia Smoking and Health Project; and William A. Fackler, health educator of a pulmonary rehabilitation project at Moss Rehabilitation Hospital collaborated to publish a book entitled "Learning to Live Without Cigarettes," which attempted to offer the smoker insights into his personal smoking problem and to suggest mechanisms which might be utilized to discontinue cigarette smoking.

#### b. Reading Anti-Smoking Clinic Project

This project was administered by the Pennsylvania Department of Health, Region VI through a \$10,450 grant from the U. S. Public Health Service. The Berks County Medical Society, and the local Tuberculosis, Cancer, and Heart Associations offered support and a local advisory committee provided community participation.

It was planned to help the habitual smokers who wanted to stop smoking but had not been able to do so through their own efforts. The project method selected was a series of eight clinic sessions of two hours each with follow-up "reunions" at three-month intervals. The clinic sessions were conducted by a team composed of a medical doctor, who was the clinic director, a psychologist, and a social worker who was the clinic coordinator.

#### c. Pittsburgh Public School Smoking Questionnaire

The Pittsburgh Public School System administered a questionnaire on smoking to all pupils in grades 7 to 12 during 1964. The Section on Physical and Health Education did so, in order to obtain better insight on the smoking habits of students.

The results of the survey are found in the appendix.

### 8. OTHER ACTIVITIES

The Pennsylvania Committee has been engaged in a wide variety of activities, although currently it is concentrating its emphasis on conducting college smoking conferences for education students, organizing county interagency councils on smoking and conducting local leadership development conferences on smoking and health education throughout the Commonwealth. For example, during 1968, it assisted in publicizing the CBS-TV National Smoking Test; it encouraged the smoking education program of the Pennsylvania Congress of Parents and Teachers; and its member agencies asked their national counterparts to express to TV stations their concern and disapproval of cigarette smoking on TV by famous persons.

### EPILOGUE

While each of the agencies represented on the State Committee has cooperated fully in this program, many activities were conducted by a number of the agencies independently in accordance with each of the agencies' general program. These independent activities, however, have helped to further the over-all objectives of the State Committee.

The Department of Health, for instance, has terminated the sale of cigarettes in state-owned tuberculosis hospitals; requested airlines landing in Pennsylvania to discontinue the distribution of free sample cigarettes; and urged better enforcement of existing laws which prohibit the sale of cigarettes to minors.

Educational programs including speakers, movies, dissemination of materials, and exhibits are held, particularly by the voluntary health agencies as well as the Department of Health, in the schools and communities and at special meetings—all of which help to swell the movement.

The Committee's efforts have won national recognition. Chairman Leedham was invited to participate in a meeting (January, 1965) called by the National Interagency Council on Smoking and Health to describe the Pennsylvania Program and to lend leadership in the development of "in-state" programs across the nation. Additional national exposure of the Pennsylvania Program was accomplished when the Committee was invited to present a progress report before the National Tuberculosis Association Annual Meeting in May of 1964. Also, the first edition of *Smoking and Health: The Pennsylvania Story* was published during April 1967. Copies of this publication have been distributed throughout the United States, and even to some foreign countries.

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## APPENDIX I

### PENNSYLVANIA COMMITTEE ON SMOKING AND THE HEALTH OF YOUTH AGENCY REPRESENTATIVES

Roger Alexis	_____	Pennsylvania State Education Association
Catherine B. Bauer	_____	Pennsylvania Health Council
Anne Beaver	_____	Future Homemakers of America, Pennsylvania Division
Sylvia K. Bohlayer	_____	Pennsylvania Department of Health
Ray J. Britton	_____	Pennsylvania Heart Association
Joseph R. Carr	_____	Pennsylvania Department of Public Instruction
Nell C. Connell	_____	Pennsylvania Division of 4H Clubs
Michael E. Flanagan	_____	Pennsylvania Department of Public Instruction (CO-CHAIRMAN)
John Halloran	_____	American Cancer Society, Pennsylvania Division
Otto Kuschner, Jr.	_____	Pennsylvania Tuberculosis and Health Society
Charles L. Leedham, M.D.	_____	Pennsylvania Department of Health (CHAIRMAN)
A. Dale Lounsbury	_____	American Cancer Society, Pennsylvania Division
James W. Marcy	_____	Pennsylvania Committee on Smoking and the Health of Youth (Coordinator)
Betty Middlesworth	_____	Pennsylvania Nurses Association
Samuel C. Price	_____	Pennsylvania Medical Society
Barbara S. Ross	_____	Young Women's Christian Association
Norman L. Sheets, Ph.D.	_____	Pennsylvania Association for Health, Physical Education and Recreation, Inc.
Anthony V. Sinkosky	_____	Pennsylvania Department of Health
John Smith	_____	Pennsylvania Congress of Parents and Teachers
Arnold L. Snyder	_____	Pennsylvania Pharmaceutical Association
Stephen C. Wilhelm	_____	Pittsburgh Public Schools
Gweneth Zarfoss	_____	Governor's Council for Human Services

#### ASSOCIATE MEMBER

Gerhard Angermann	_____	Philadelphia Smoking and Health Research Project
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## APPENDIX II

LETTER SENT TO SCHOOL ADMINISTRATORS MARCH 28, 1963

### TO SOLICIT THEIR COOPERATION AND ATTENDANCE AT REGIONAL MEETINGS

There is abundant evidence that smoking—particularly cigarette smoking—is harmful to health. Many national, state, and local health agencies consider smoking, particularly among teenagers, to be one of today's most important health problems. The American Public Health Association, the U. S. Public Health Service, the American Cancer Society, the National Tuberculosis Association, and the American Heart Association, have identified this problem as one that requires urgent study and action. Also, at its 1961 meeting, the Joint Committee on Health Problems in Education of the National Education Association and the American Medical Association adopted the following resolution on smoking:

It is now apparent from observation and studies that the individual can best avoid the practice of smoking by never forming the habit. In view of accumulating evidence suggesting deleterious health effects from smoking and no evidence of any beneficial effects, the Joint Committee encourages the home and school to initiate education for prevention at the ages prior to the usual beginning of the practice. Such education should take the form of thorough explanation of the social factors involved and conflicting views relating to the effects of smoking on physical and emotional health."

We must muster all resources for an all-out attack in Pennsylvania. For maximum effectiveness, educational programs on tobacco and health should be more vigorously pursued in the upper elementary school and continued through high school and into college. Parents, teachers, physicians, nurses, and others in a position to guide youth should be informed about the smoking problem, and urged to help educate young people about the potential effects of smoking on their health before their health habits are established.

Regional meetings, the next step in this campaign, will be held throughout the Commonwealth. Public, parochial, and private school systems, and state and private voluntary agencies and associations concerned with the problem will participate. You will receive specific information as to time and place, and you, yourself, are personally invited and urged to attend this meeting.

Sincerely yours,

C. L. Wilbar, Jr., M.D.  
Secretary of Health

Charles H. Boehm, Superintendent  
Department of Public Instruction

### APPENDIX III

#### LETTER SENT TO SCHOOL ADMINISTRATORS MARCH 25, 1965 TO SOLICIT THEIR CONTINUED SUPPORT OF THE PROGRAM

Smoking continues to be one of today's most important health problems, particularly among teenagers. Although we in Pennsylvania have now gained a leadership role among our sister states in activities to call attention to the harmful effects of smoking on personal health, it is time to look at the future in terms of our progress, our goals and our continuing determination to attain these goals.

In 1962, we called on those groups and individuals concerned with the problem to muster all available resources in an all-out effort to help provide the facts to young people in the State about the potential effects of smoking on their health. The practice of smoking is best avoided by never forming the habit. Among the many accomplishments of this cooperative effort have been the institution of instruction on smoking and health in 47.5% of the school districts at the elementary level and 85.3% at the secondary level; the compilation of resource information kits and their distribution to schools throughout the State; four college seminars for future teachers; and many contacts with adults.

However, we cannot hesitate at this point in measures to reach our goal of public well-informed about the dangers of smoking. Together, we need to intensify our efforts toward young people; to parents, teachers, physicians, nurses and others in a position to influence youth; and to expand these efforts toward the entire adult population of the State.

This communication, therefore, is to reaffirm the continued interest and unceasing support of both the Department of Public Instruction and the Department of Health in their efforts in this on-going program. We therefore request your continued support and interest in this work and again call upon you to continue your leadership in the work and to increase your efforts in behalf of the health of the citizenry.

Sincerely yours,

C. L. Wilbar, Jr., M.D.  
Secretary of Health

George W. Hoffman, Acting Superintendent  
Department of Public Instruction

**APPENDIX IV**

**COMMONWEALTH OF PENNSYLVANIA  
GOVERNOR'S OFFICE  
HARRISBURG**

November 22, 1968

**GREETINGS:**

The Pennsylvania Committee on Smoking and the Health of Youth, a group composed of representatives from State Government and private organizations, is convinced that all citizens of the Commonwealth, and particularly our young people, should be fully informed of the harmful effects of smoking on health.

To achieve this educational goal, it is essential that state-wide attention be focused on this problem and that the effort to reach all citizens be intensified and expanded.

Therefore, as Governor of Pennsylvania and in support of the educational work of the Committee, I hereby designate the week of January 12 through 18, 1969, as **EDUCATION WEEK ON SMOKING AND HEALTH** in the Commonwealth.

**RAYMOND P. SHAFER  
GOVERNOR**

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## APPENDIX V

### PITTSBURGH PUBLIC SCHOOLS

S. P. MARLAND, JR., SUPERINTENDENT

PITTSBURGH, PA. 15213

ADMINISTRATION BUILDING  
BELLEFIELD AND FORBES AVENUES

Section on Physical and Health Education

T. T. Abel, Director

January, 1965

#### REPORT ON QUESTIONNAIRE ON SMOKING

The following tables indicate the results of the questionnaire on smoking which was administered to all pupils in grades 7-12 during 1964.

In reading the tables please note that the first line in each chart shows the responses from all students in grades 7-12 and the last line shows the responses from all students in grades 7-9. A further breakdown shows the responses from pupils in senior high school only, junior high school only, and 7-8 grade elementary only. For convenience, the charts also show separate responses from both boys and girls in each of the school divisions. The percentages are based on the number of pupils who answered a specific question as reported by the teachers.

Except for the totals showing the number of students, the results are expressed in percentages. In Table I the columns "% who smoke" and "% who do not smoke" represent the total of the answers to the three questions:

1. I smoke  $\frac{1}{2}$  pack or more just about every day.
2. I smoke every day but less than  $\frac{1}{2}$  pack a day.
3. I do not smoke every day but I do at least once a week.

In Table II the columns "% yes" and "% no" answer in substance the question, "Did the information which you received in the health lessons change your habits and attitudes regarding smoking?"

Table III shows the "% yes" and "% no" in answer to the question, "Will the information which you received in the health lessons deter you from smoking?"

Table IV shows the distribution of the responses to the question concerning the use and effectiveness of teaching approaches.

TABLE I

	DISTRIBUTION BY PERCENT OF ANSWERS TO QUESTIONNAIRE CONCERNING SMOKING HABITS IN THE PITTSBURGH PUBLIC SCHOOLS								
	All Boys and Girls 7-12			Boys Only			Girls Only		
	Total	% Who Smoke	% Who Do Not Smoke	Total	% Who Smoke	% Who Do Not Smoke	Total	% Who Smoke	% Who Do Not Smoke
Total 7-12	20926	26	74	10684	29	71	10242	20	80
Sr. H.S. 10-12	9765	32	68	5112	37	63	4597	28	72
Jr. H.S. 7-9	7999	23	77	3792	26	74	4147	19	81
Elementary 7-8	3278	14	86	1780	17	83	1498	9	91
Total 7-8-9	11217	20	80	5572	23	77	5645	16	84

TABLE II

	DISTRIBUTION BY PERCENT OF RESPONSES TO QUESTION "DID INFORMATION CHANGE HEALTH HABITS?"								
	All Boys and Girls 7-12			Boys Only			Girls Only		
	Total	% Yes	% No	Total	% Yes	% No	Total	% Yes	% No
Total 7-12	5291	54	46	3221	56	44	2070	50	50
Sr. H.S. 10-12	2948	51	49	1884	56	44	1064	42	58
Jr. H.S. 7-9	1737	54	46	938	55	45	779	54	46
Elementary 7-8	606	64	36	379	62	38	227	69	31
Total 7-8-9	2323	56	44	1317	57	43	1006	57	43

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TABLE III

	DISTRIBUTION BY PERCENT OF RESPONSES TO QUESTION "WILL INFORMATION DETER YOU FROM SMOKING?"								
	All Boys and Girls 7-12			Boys Only			Girls Only		
	Total	% Yes	% No	Total	% Yes	% No	Total	% Yes	% No
Total 7-12	14796	84	16	7589	84	16	7167	84	16
Sr. H.S. 10-12	5937	78	22	3224	77	23	2713	80	20
Jr. H.S. 7-9	6045	87	13	2761	87	13	3303	86	14
Elementary 7-8	2795	90	10	1604	90	10	1151	90	10
Total 7-8-9	8840	87	13	4365	88	12	4454	87	13

TABLE IV

TABLE REFLECTING USE AND EFFECTIVENESS OF TEACHING APPROACHES				
Approach	No. of Times Used	Effectiveness		
		Excellent	Good	Fair
Class Discussion	54	20	27	1
Visual Aids	42	23	13	2
Individual Reports	39	9	20	—
Panel Discussion	20	5	10	3
Debate	16	5	10	2
School Assembly	6	3	2	—
Experiments	6	4	1	—
Dramatic Presentations	4	1	2	1
Resource Persons	3	—	3	—
Making Posters	1	—	1	—
Original Displays	1	—	1	—

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## APPENDIX VI

### RESEARCH PROJECTS ASSOCIATED WITH COLLEGE CONFERENCES ON SMOKING CONDUCTED BY THE PENNSYLVANIA COMMITTEE

Two studies were conducted by Arthur G. Hunsberger, Public Health Educator, Pennsylvania Department of Health. During 1967-69, Mr. Hunsberger coordinated the college conferences on smoking.

#### A. PERCENTAGE OF SMOKERS

A study of smoking among certain categories of college students in five colleges in Pennsylvania from 1965-66, to 1967-68, showed that there was a percentage decrease of smokers in all five colleges but that the decrease was not yet statistically significant at the .05 level of significance. Although it was not possible to directly correlate the percentage decrease of smokers with the numerous smoking and health educational activities that were occurring in Pennsylvania, part of the percentage decrease of smokers was probably related to the increase of anti-smoking activities and is an indication of a trend.

Table 1 compares the approximate total attendance, the total number of students completing the questionnaire, and the number and percentage of smokers and non-smokers at each college for each program.

TABLE 1  
COMPARISON OF PERCENTAGES OF SMOKERS AT FIVE SELECTED COLLEGES IN  
PENNSYLVANIA, 1965-68

College	Year	Approximate Total Attendance	Total Completing Survey	Smokers		Non-Smokers	
				No.	%	No.	%
A	1965	230	141	58	41.1	83	58.9
	1968	120	97	37	38.1	60	61.9
B	1965	300	54	23	42.6	31	57.4
	1967	250	75	28	37.3	47	62.7
C	1965	222	199	71	35.7	128	64.3
	1968	258	99	25	25.3	74	74.7
D	1965	456	377	99	26.3	278	73.7
	1968	130	79	15	23.4	64	76.6
E	1966	700	160	61	38.1	99	61.9
	1968	300	189	69	36.5	120	63.5

#### B. STIMULATING STUDENTS

A second study demonstrated that there was a statistically significant difference between the percentages of non-smokers and smokers stimulated by an educational program to teach the facts apparent on cigarette smoking and to promote its discontinuance. It suggests, based on a study at one college, that there are educational techniques that can be utilized to overcome the difficulty encountered in persuading prospective teachers, both smokers and non-smokers, to teach the facts on cigarette smoking and to promote its discontinuance.

Table 2 compares the number and percentage of smokers and non-smokers who were stimulated by the educational program to teach the facts apparent on cigarette smoking. Application of the  $\chi^2$  test with 1 d.f. shows that at the .01 level of significance, a significantly higher percentage of non-smokers than smokers were stimulated to teach the facts apparent on cigarette smoking.

Table 3 compares the number and percentage of smokers and non-smokers who were stimulated by the educational program to teach the facts on cigarette smoking and to promote its discontinuance. Application of the  $\chi^2$  test with 1 d.f. shows that at the .001 level of significance, a significantly higher percentage of non-smokers than smokers were stimulated to teach the facts apparent on cigarette smoking and to promote its discontinuance.

Table 4 compares the number and percentage of smokers stimulated to teach the facts on cigarette smoking only with the number and percentage of smokers stimulated to teach the facts on smoking and to promote its discontinuance. Application of the  $\chi^2$  test with 1 d.f. shows that at the .001 level of significance, a significantly higher percentage of smokers were stimulated to teach the facts on cigarette smoking only than they were stimulated to teach the facts on cigarette smoking and to promote its discontinuance.

Table 5 compares the number and percentage of non-smokers stimulated to teach the facts on cigarette smoking only with the number and percentage of non-smokers stimulated to teach the facts on cigarette smoking and to promote its discontinuance. Application of the  $\chi^2$  test with 1 d.f. shows that at the .05 level of significance, there was no statistically significant difference between the two groups of non-smokers.

Table 6 compares the statistical results that were collected at one of the nine colleges participating in the smoking educational programs. The utilization of role playing and an informal question and answer session at this college's program were the two activities that distinguished this college's educational program from the educational programs conducted at the other eight colleges.

Application of the  $\chi^2$  test with 1 d.f. revealed for this college that there was no statistically significant difference between smokers and non-smokers with respect to their being stimulated to teach the facts about cigarette smoking ( $p < .10$ ) and with respect to their being stimulated to promote the discontinuance of cigarette smoking ( $p < .50$ ). There was also no statistically significant difference between smokers being stimulated to teach the facts and smokers being stimulated to promote the discontinuance of cigarette smoking ( $p < .50$ ). Nor was there any statistically significant difference between non-smokers being stimulated to teach the facts and non-smokers being stimulated to promote the discontinuance of cigarette smoking ( $p < .50$ ). The survey results at this college were significantly different from the survey results at the other eight colleges.



**TABLE 2**

COMPARISON OF NUMBER AND PERCENTAGE OF SMOKERS AND NON-SMOKERS  
STIMULATED TO TEACH THE FACTS ON CIGARETTE SMOKING, NINE PENNSYLVANIA  
COLLEGES, 1967-68

Category	Total	Stimulated	Response	
			Not Stimulated	
Smokers	418	310 (74.2%)	108 (25.8%)	
Non-Smokers	816	662 (81.9%)	154 (18.9%)	

P > .01 (Id.f.)

**TABLE 3**

COMPARISON OF NUMBER AND PERCENTAGE OF SMOKERS AND NON-SMOKERS  
STIMULATED TO TEACH THE FACTS ON CIGARETTE SMOKING, AND TO PROMOTE  
ITS DISCONTINUANCE, NINE PENNSYLVANIA COLLEGES, 1967-68

Category	Total	Stimulated	Response	
			Not Stimulated	
Smokers	413	251 (60.8%)	162 (39.2%)	
Non-Smokers	799	619 (77.5%)	180 (22.5%)	

P > .001 (Id.f.)

**TABLE 4**

COMPARISON OF NUMBER AND PERCENTAGE OF SMOKERS STIMULATED TO TEACH  
THE FACTS ON CIGARETTE SMOKING ONLY AND STIMULATED TO TEACH THE  
FACTS ON CIGARETTE SMOKING AND TO PROMOTE THE DISCONTINUANCE OF IT,  
NINE PENNSYLVANIA COLLEGES, 1967-68

Category	Total	Stimulated	Response of Smokers	
			Not Stimulated	
Teach Facts Only	418	310 (74.2%)	108 (25.8%)	
Teach Facts and Promote Discontinuance	413	251 (60.8%)	162 (39.2%)	

P > .001 (Id.f.)

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**TABLE 5**

COMPARISON OF NUMBER AND PERCENTAGE OF NON-SMOKERS STIMULATED TO TEACH THE FACTS ON CIGARETTE SMOKING ONLY AND STIMULATED TO TEACH THE FACTS ON CIGARETTE SMOKING AND PROMOTE THE DISCONTINUANCE OF IT, NINE PENNSYLVANIA COLLEGES, 1967-68

Category	Total	Response of Non-Smokers	
		Stimulated	Not Stimulated
Teach Facts Only	816	662 (81.9%)	154 (18.9%)
Teach Facts and Promote Discontinuance	799	619 (77.5%)	180 (22.5%)

P < .05 (1d.f.)

**TABLE 6**

COMPARISON OF NUMBER AND PERCENTAGES OF SMOKERS AND NON-SMOKERS STIMULATED TO TEACH THE FACTS ON CIGARETTE SMOKING ONLY AND TO TEACH THE FACTS ON CIGARETTE SMOKING AND PROMOTE ITS DISCONTINUANCE, PENNSYLVANIA, 1968

Question	Smokers		Response		Non-Smokers	
	Stimulated	Not Stimulated	Stimulated	Not Stimulated	Stimulated	Not Stimulated
1. Teach Facts?	56 (100.0%)	0 (0.0%)	56 (94.9%)	3 (5.1%)		
2. Teach Facts and Promote Discontinuance?	35 (97.2%)	1 (2.8%)	55 (94.8%)	3 (5.2%)		

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AN ANNIE

## Personal Health

By Dr. William Brady

### How to Quit Smoking

**I**N A discussion of peptic ulcer at the meeting of the American Medical Association last June one physician said "As a rule I do not put my patients in the hospital, but in the beginning use a bland diet, with alkalies to control the acidity—I have had patients who got no relief

from pain until they stopped smoking. Many of my patients are allowed to continue to smoke in moderation, but there are a few who have pain and do not get relief from it until they stop smoking." The doctor practiced in a community where cigarettes are big business.

Another internist from New England, added the comment that the first speaker was more lenient than he would be about smoking.

"I am firmly convinced that the proper treatment of ulcer includes complete stopping of smoking and that the difference, in most cases, between the patient who is well controlled medically and the patient who is partly controlled medically is whether he smokes or does not smoke."

There you are folks. These opinions are fairly representative of the consensus of the medical profession, I believe.

I formerly recommended to persons who wanted to break the smoking habit, rinsing the mouth and gargling night and morning with a solution of 20 grains of silver nitrate in a pint of distilled water — using a mouthful each time and spitting it out, but not in the sink or toilet basin unless you are careful to wash it away with running water—otherwise it may leave a dark stain and you will

threaten all kinds of actions against me for damage. I no longer recommend this—if you use it you do so at your own peril. It makes a smoke taste bad, that's all.

I still recommend apples—eat a raw apple each night at bedtime and at breakfast each morning, and a baked apple or some apple sauce at lunch and dinner.

Keep some candy handy and nibble a piece in lieu of a smoke when the craving comes on.

Avoid the company of smoking hogs.

Finally, take two miles of oxygen on the hoof three times a day, or three miles twice a day (say walking to and from work) or six miles once a day (say a good hike every day or every evening).

### QUESTIONS & ANSWERS

Worms

Since childhood I have ground my teeth at night. Several times I have found pin worms. But my doctor states that worms in a human is just an old-fashioned myth. (D. K.)

Answer — Children and adults commonly harbor pin worms, round worms, tapeworms. Send twenty-five cents and stamped, self-addressed envelope for booklet, "Unhidden Guests." It deals with these and numerous other parasites or pests.

UP YET, ANNIE—  
SEE? NO TRACKS  
TO THE BARN—

WELL, WE  
TRACKS—  
BE DONE  
ON FARM



### TERRY AND PIRATES



### DICK TRACY



### PENNY

ATHER, IS IT TRUE THAT A  
TAILOR DOESN'T CARE ABOUT  
HIS OWN CLOTHES?

## The Puzzle Corner

copies. As the new newspaper has warned, doctors would not engage in any such as boycott, a

PPG, July 13, 1965, P. 8  
51973 2024

has always seemed to us that we expect that the doctors will exercise the demons of their in us and find it easy to life primarily with medicare. Actually, fees may have done them a favor, tends to reason that under this law will not be expected to perform many charity services. And they be assured of getting their money, greatest money problem will be cost of the program, which used to be great.

### Legislative Rat Race

ESSENTIALLY irresponsible nature of the State Legislature's last performance was demonstrated again last week in three bills peddled on the Governor's desk. First, there was the General Appropriations bill which finances most of the state's operations. Governor Scranton had asked for, and the bicameral Senate had approved, a 10 percent appropriation bill of well over \$1 billion for 1965-66.

But Harrisburg's lowest political bid was the Democratic House bought out the Governor on a spot. It passed the appropriations bill by a vote of 31-19. In effect, dared the Governor to cut it. The Governor would be to return to deficit financing in which the Democrats could make political capital in 1966. On the other hand, to veto such increases as those for public assistance would be to invite political charges of callous indifference to the plight of Pennsylvania's neediest citizens.

Governor Scranton acted in the best interest of all the people, we believe, in vetoing most of the items added by the House. This will permit him to balance his budget and avoid deficit spending. And, after all, the record of his administration shows conclusively that it has been generally responsible to the needs of the

### Strictly Personal

## New Cure for Smoking Fails Critical Test

By Sydney J. Harris

IN A RECENT issue of "Business Management" magazine, Dr. Harry Johnson wrote an article asking, "Is There Any Help for the Cigarette Smoker Who Can't Quit?" Being one of those pathetically weak creatures, I was interested in what he had to say.

"Smokers really enjoy only 10 to 12 cigarettes a day," he pointed out. "Reluctantly, I can condone this relatively small number. But a busy executive will consume an additional 30 cigarettes, without enjoying them and often without being aware that he is smoking that many."

Then Dr. Johnson goes on to advise: "If you restrict yourself to the 10 cigarettes you enjoy, and eliminate the 30 you don't, you can reduce your risk of lung cancer by 75 per cent. However, you can still retain 100 per cent of the pleasure of smoking."

WHAT'S wrong with this lovely and persuasive argument? It's absolutely true, both logically and factually—but, unfortunately, it ignores the psychological dynamics of cigarette addiction. For the addict doesn't smoke for plain pleasure—he smokes to avoid pain, to diminish anxiety, to surmount crises, to escape the cold confrontation with reality. And this, alas, is as true of the confirmed cigarette smoker as it is of the narcotics addict and the alcoholic. All are in the same boat.

It is not even the first 10 cigarettes of the day that are pleasurable, only the first two or three. After that, as the old saying goes, the man is not smoking the cigarette, but the cigarette is smoking the man.

Another Dr. Johnson—Samuel, the great Cham of Literature—said several centuries ago that "abstinence is as easy as temperance would be difficult." He was expressing the psychological truth that to give up a habit is simpler than cutting down.

If we addicts could smoke only 10 cigarettes a day—spaced out at sensible intervals—there would be no problem, and we would not be addicts. But it is not the first 10 that are important to us; it is the last 30. It is the ones we are not aware we are smoking and get no real pleasure out of.

THE NARCOTIC addict at first takes dope for pleasure. Soon, however, he is forced to keep taking it merely to avoid pain. He desperately needs the fix not to obtain joy but to ward off the harsh unpleasantness of reality. This is his tragedy; that it requires more and more dope merely to keep him in a neutral state.

It is a mistake to think that the smoker smokes for pleasure. Just as it is a mistake to think that the gambler gambles to win. The latter cannot walk away from the table



uling to personalities—let blame fall where it may. I have a board of trustees whom the Chancellor is accountable. If they did not check the facts it is no one's fault but their own. By the trustees' own admission, they knew Pitt had been operating in the red for four years!

Granted, a position on the board of trustees is an appointive one. But by whom I am not sure; they serve long hours, without pay, and ordinarily the saying goes: "Loyalty—out in this case, loyal to whom?"

Were they loyal to their students whose parents are expending several thousand dollars a year for their sons and daughters to attend a reputable university?

Were they loyal to their employees, both professional and non-professional, who were fulfilling their obligation to the university only to find 15 days before payday they might not be paid at all?

One trustee even admitted he felt things weren't going well, but since he had been a member of the board for only six years, and "knew little if anything about the complex world of university finances" hesitated to say anything. Yet this trustee is vice-chairman of the board of one of our best known banking firms, that by the nature of its business gives financial advice to, and invests money for, thousands of people daily.

A university cannot be run like a big business. It is not big business by nature and should never be considered as such. So while we are all talking of improvements, changes, etc.—why don't we change our concept of a board of trustees?

PROFESSOR'S WIFE  
Squirrel Hill

### Photo Coverage On South Africa Hit

As a South African who has been spending the past year here in Pittsburgh on a foreign student exchange program, I wish to express my heartfelt indignation at the ridiculous picture article, "Pistol-Packing Mamas in South Africa," which was published in the Post-Gazette Wednesday, June 23.

I realize that a certain amount of so-called sensationalism is necessary to most newspaper coverage, but I do object very strongly to the phrase "housewives in South Africa seem to be obsessed with the idea they need to carry a pistol." Not only are the implications of such a statement extremely ugly, but the statement simply is not

in their stockings bear the same category as the weird notions to have been exposed during

all South African I read about and saw the elephants down to the supermarkets.

—Little enough about country is published in newspapers here as there are certainly misconceptions which should be corrected. I have nothing to say about the recent mention made of African affairs, but for the nature of today's article.

KATHRYN BAL  
Squirrel Hill

### Another Correct Article Headline

I read the article July 7 issue concerning a foot patrolman who was advocating better policing the streets.

### Strength For the Day

By EARL L. DOUG

Releasing the Angels  
Michelangelo used a carving technique which consisted only of the form—and which abode therein. I found him one day, mallet and chisel working a huge piece of stone. "What are you doing, his friend, and Michelangelo was, "I am releasing an angel out."

A great deal of living, if we could come aware of it, is releasing in our own and the hearts of others. The doctrine of original sin is quite sound, but the way in which the original, righteous, equally sound. We live in the world trembled to do evil, but into the world which are full of struggling to be let them may go forth into the world. Boys raised in slums often become gangsters, when a little change of fortune might have led them to other things.

Jesus once spoke of his angels and said, "I am releasing the angels who are before the face of the Father. Wise parents are in handling of and promising lives

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necessary advice — including not d  
the advice of architects but also that  
of judges, lawyers, county officials and  
others who will use the new space —  
before making a final decision.

## The Public Confession Of a Smoking Addict

By Sydney J. Harris

### To Halt Nuclear Spread

**I**N URGING President Johnson to take extraordinary steps to secure agreement on a treaty banning the spread of nuclear weapons, a group of prominent Americans has shown why the issue is one for urgent action.

Pointing out that there are now only five nuclear powers (the U.S., Britain, the Soviet Union, France and China), the Educational Committee to Halt Atomic Weapons Spread observed that "ambitions 'stand in the wings' trying to decide if they must produce their own atomic fire to escape the role of hostages of the nuclear arms race." Three of the countries, the committee believes, could produce nuclear weapons within months and 12 other countries within three years. The signer of the message, the President warned that "once the door to the nuclear club has been opened, it may not be shut."

To help avert the prospect of a world subject to terror and blackmail from irresponsible national leaders wielding nuclear arms, the committee wants President Johnson to affirm in unequivocal language that the United States will not give up to any other power its exclusive veto over the ownership, control and use of U.S. nuclear arms through NATO, the European theater or anywhere else. Such assurance is to be necessary because the U.S. position has been ambiguous. While the President has said we want a treaty free of any loopholes, the U.S. has shown an interest in meeting Germany's expressed desire to share in the control of nuclear weapons. This ambiguity is reflected in the nebulous wording of the U.S. draft treaty.

The new committee—headed by Dr. Arthur Larson and made up of 290 leaders in science, education, religion, business, labor and public affairs—believes that the President must resolve a conflict in priorities between obtaining a non-proliferation treaty and placating

IT IS SAID that the alcoholic cannot quit drinking until he knows he is an alcoholic. So long as he calls himself anything else, he will continue to be an alcoholic.

The same is true of smoking. I am not a cigarette smoker. I am an addict. Addict. Addict. Addict.

I take my first cigarette in the morning because it gives me pleasure. But the pleasure readily diminishes. By the fifth cigarette it is a need I cannot control.

It is a terrible thing when I don't want one. I smoke when it tastes bad. I smoke without knowing I am smoking. I sometimes smoke two cigarettes at a time.

MY REASON is dominated by my will and my will is dominated by my appetite. And "appetite, that universal wolf, at last devours itself," as Shakespeare warns us.

I tried quitting cigarettes before but always for the wrong reasons. Because they make me cough. Because they make my heart flutter. Because they may give me lung cancer. These are not effective reasons.

The only effective reason for quitting is that I am controlled by the appetite. I am a slave. A weakling. A coward. I may not quit smoking right away, but I am determined to quit kidding myself. Harris is an addict. A worm. A lump, feeble creature.

What right do I have to look pityingly at the alcoholic or the dope addict? Their habits may be physically and socially more ruinous than mine, but we are all in the same boat. Without oars.

And they, at least, have a tenuous excuse when I do not have. The liquor and the dope give them pleasure, of a perverted sort. They obtain a release. I obtain nothing but a sore throat, a dry mouth, a headache. My "morning after" begins the night before.

YOUNG PEOPLE do not believe the smooth propaganda about "smoking in moderation." Some people cannot indulge in anything moderately. Find out early if you are one of those people—and then snuff the habit as you would the devil.

Samuel Johnson said that "abstinence is easier for me than temperance." He knew himself well; knew that if he began drinking a little, he would end by drinking a lot.

I admire and envy people who can smoke 10 cigarettes a day, enjoy them, and desire to smoke no more. I am not one of them. I do not smoke the cigarette. It smokes me. This is my abject confession of utter weakness. Cigarettes are lighting this fool's way to dusty death.

US to continue in time and money that elephant is abetted by the bird. When will we clear the air of this pollution of violence and ill with ideas? EMILY SCHATTSCHEIDER Pittsburgh

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BEST IMAGE

industry responsible for roughly 1,000 deaths a day in this country, the Tobacco Institute said it was concerned that Dr. Koop's pronouncement trivialized the nation's drug problem, which is something serious.

You may have seen someone from the Tobacco Institute on TV, saying these things. They are always attractive young men and women, tastefully dressed, who take money to represent cigarette manufacturers and insist that no link has been proven between smoking and any disease.

That is what these attractive young men and women in their tasteful suits will say for money. The Justice Department, which obviously has some money of its own, ought to hire a couple of them away to help clean up after Edwin.

If they are not up to the job, I don't know who is.

DESCRIPTORS: OPINION

Re: 21

DILOG(R) File 731:Philad.Dly.News  
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04514730

THEY KICKED THE HABIT NICOTINE ADDICTS WHO PUFF NO MORE  
Philadelphia Daily News - WEDNESDAY May 18, 1988  
By: Barbara Beck And Mary Flannery, Daily News Staff Writers  
Edition: PM Section: HEALTH Page: 29  
Word Count: 969

TEXT

This is it. Throw away the cigarettes. Bury the ashtrays. Take a long, deep breath.

With the declaration by Surgeon General C. Everett Koop Monday that nicotine in tobacco products is an addictive drug comparable to heroin, there may be no better time for smokers to quit.

Koop's 618-page report cited 171 separate studies as proof that nicotine hooks smokers, and says the drug has psychoactive and mood-altering effects on the brain.

That means there are close to 50 million tobacco addicts in the country, according to the Centers for Disease Control's Office on Smoking and Health. Yet at last count some 41 million people have kicked the habit since 1964, when the landmark surgeon general's report linked cigarettes to cancer.

Some of those quitters have been persuaded by the gruesome scientific studies pointing to the health problems of smokers. According to a spokesman at the National Institutes of Health in Bethesda, Md., smoking-related problems include:

- Lung cancer.
- Emphysema.
- Higher incidence of cancer of the esophagus, pancreas, bladder and kidney.

(cont. next page)

- \* The earlier onset of menopause for women.
- \* Wrinkling of the skin.
- \* Specific threats for women and their babies: stillbirths, sudden infant deaths and miscarriages, lowered fertility, and danger of strokes and heart attacks in smokers who take birth control pills.
- \* Fatal heart disease, amounting to one-third of all deaths from heart disease annually.
- \* A tendency to catch more colds.
- \* More inner-ear infections for smokers' children.
- \* Growing evidence that the non-smoking spouses of smokers have higher rates of heart and lung diseases.

What follows are accounts of what drove some people to quit for good.

"It was two years ago when my aunt was at the National Cancer Institute in Bethesda, Md.," remembers Richard Wolf, a 38-year-old accountant from Center City who smoked a pack of non-filtered cigarettes a day. "After months of fatigue and misguided treatments from her doctors here, the diagnosis was in: lung cancer, a lump the size of an orange.

"Two days later, my uncle and I settled into the clinic's family waiting room, prepared to spend three or more hours pacing, and reading, and passing some more, while the doctors removed the lung. But in just an hour and a half we were summoned: The cancer had metastasized to the bone; there was no point in taking out the lung.

"We spent a week in a Bethesda motel commuting to her room at NCI, eyewitness to the ravages that smoke brings, watching the pain of the patients, the pain of their families. There were young men and women walking the hallways hooked up to IV bottles. Their heads bald from months of chemotherapy. My aunt would tell us of someone down the hallway from her crying at night.

"I quit that day. I will never smoke another cigarette again. And I'm no longer afraid to tell others to quit."

"I'd had been thinking about quitting for a year," says "Evening Magazine" co-host Ray Murray. "I thought, this is asinine. I was 33, getting to point where it's becoming more difficult to keep weight off. I thought, I'll be a paunchy middle-aged man with lung cancer.

"I remember my first cigarette. It was my first assignment for 'Evening Magazine.' There were a lot of eyes on me, a lot of pressure to do well. I looked at my producer, who was smoking Newports, which looked awfully good. And for the next eight years, I smoked Newports."

Jerry Angert, at 41, is an independent television producer in

(cont. next page)

51973 0207

Philadelphia. He has no trouble remembering the day he quit his two-pack-a-day habit. "Pearl Harbor Day, 1976. That's Dec. 7. I had been toying with the idea of quitting for a while. But I think I needed something to push me over the edge. And this was it. Around 1 a.m. on Dec. 7, I ran out of cigarettes. It was cold and late. I was living in Devon and my car was being repaired at the time. So I walked about a quarter of a mile to a nearby Wawa . . . Even though they were closed, I could see someone inside. I started banging and banging on the door until I could get his attention. I need some cigarettes I yelled at him. He said, 'I can't. I'm closed.'"

"Then he looked at me and said, 'Do you have any idea what a fool you're making of yourself?' I decided then and there I was never going to pick up another pack of cigarettes again. And I haven't."

Jeanne Cressy, 64, an administrative assistant at the American Cancer Society, had a two-pack-a-day habit for "many, many years. Since college."

"One night I wanted a cigarette and couldn't find one," said Cressy. "It was too late to go out to a store. I went through my pocketbooks, coat pockets, drawers . . . I just couldn't find a butt. It was close to an hour when I stopped. 'This is ridiculous,' I said to myself. 'I'm like a heroin addict.' I just couldn't get enough of it. I had to get control of myself. As of Jan. 1 of that year, I quit . . . cold-turkey. It nearly killed me, but I did it. For a while, I was enjoying other peoples' smoke, but now I can't stand it."

Nerdy Becker, a 43-year-old administrative assistant to Temple University athletic director Charles Theokas, quit "for good" six years ago. "My 4-year-old daughter would say, 'You're a closet smoker. I'm going to tell everyone that you smoke.' I had tried everything - putting a clip in my ear, hypnosis, going cold turkey. Finally one day, I just said, 'The hell with this. I'm quitting.'"

DESCRIPTORS: BEHAVIOR; DISEASE; LIST; CANCER; BIOGRAPHY



UNITED STATES



OF AMERICA

# Congressional Record

PROCEEDINGS AND DEBATES OF THE 88<sup>th</sup> CONGRESS  
FIRST SESSION

VOLUME 109—PART 8

MAY 29, 1963, TO JUNE 19, 1963

(PAGES 9797 TO 11232)

produced by R.J.R.C.

in

HUMPHREY

51973 2029

"I will believe General Franco has given to his country leadership it could not have been given by anybody else. He has helped peace in Europe. The nations there are very happy with the way Spain has acted, and, in my opinion, better so."

"Eisenhower, another Republican President? He has been very friendly to me. I have the greatest admiration and affection for President Eisenhower's military leadership will always be remembered."

#### ATTITUDE TOWARD BUSINESS

"Mr. Farley at 75 an exponent of the business he fought as a youth? The answer is found through many considerations. The party system, party loyalty, the differences between the Democratic and Republican parties and between conservatives and progressives. The gist of the reply was this:

"The Democratic Party even under the New Deal was not an enemy of business. I have seen people think. The Democratic Party was not in the organization of the Government. The Republican organization is in the control of big business. The party would not think of opposing business any more than he would. I am not abandoning an almost religious faith in the Democratic Party. He does not think there is any contradiction, and he does not even think he would be denounced by liberal Democratic writers as a party conservative. "I do not know why I should be a party conservative," he said. "I never opposed any of the legislation in the Roosevelt first 100 days. In the years before and after that I supported every piece of legislation that came up in New York State by Smith, Roosevelt, and Lehman for Mr. Roosevelt's first 5 years I supported everything including the Social Security Act, which I didn't agree with. I never knew about the court bill until I read about it in the news. I was not at the Cabinet meeting when it was announced."

"And when I say supported everything, I mean I did more to get it through than anyone else except the President and Vice President Garner. I was the one who dealt with the Congressmen and Senators when there was a holdup on any of the legislation. I don't mind saying that I used the power of patronage to get the bills through. We withheld . . . until the problem. We did it because we felt it was in the best interests of the country."

"And since I left Washington I haven't had any political position at all."

"The Democrats as the foes of big business?"

"No, no generation of American business was ever helped more than by Mr. Roosevelt in the years just after 1933, through his banking legislation, his bills during the 100 days. He saved the banks, the way he saved the insurance companies. No administration ever did more to save the capitalist system. And of course I believe in business. I believe that this country's greatness is because of the free enterprise system. It is because of the work of sincere, honest, aggressive men."

#### HOW THE MAJOR PARTIES DIFFER

"The differences then between parties? Do we have four parties: Dixiecrats, liberal Northern Democrats, Barry Goldwater Republicans, Nelson Rockefeller Republicans? What is the key to the question of 'party loyalty'?"

"Four parties? No. We have two major parties and I hope we always will have only two. I firmly believe in two parties. I be-

lieve there is room for all shades of political opinion in both parties. Room for them and we do have them."

An experience one day with "a lady in Paris" summed up the complicated question for Mr. Farley.

The feminine inquisitor had one pointed question. Why did Mr. Farley support Mr. Roosevelt in his campaign for the third and fourth terms despite Mr. Farley's own personal vigorous disapproval of both ventures? I voted for Hull at the convention in 1940 and Senator Byrd even though he wasn't a candidate in 1944.

"I explained that even though I did not believe in the third and fourth terms, that I did believe in majority rule. But she kept pressing me. She said that I was not a good American, that I was not patriotic. It is difficult to explain party loyalty, party responsibility, why you always support the nominees of your party. Then I pulled something out that I had read sometime in a book somewhere. I said, 'I did it because of prejudice and ignorance.' That seemed to be satisfactory. It settled the argument. At least she stopped."

If Mr. Farley was always loyal to the party of his parents, the party of the immigrants of the last century, the party of the downtrodden, had it always been loyal to him? Had he ever thought of changing to the party of the Hoovers, the party of the Eisenhower?

A shadow of certain and memories flickered for an instant on the broad features of the tall ambassador of soft drinks.

"You know," he said, "there are some who achieve, who feel they have done it all alone. They forget that many others have sacrificed for them. I have seen it many times, how a few gather around a man and how those few become thousands and then how those thousands become hundreds of thousands."

Sometimes the leader of the hundreds of thousands forgets the selfless aid who rallied the first few and the first few thousands.

"But I have never said that I have been shabbily treated by the leadership of my party. I did believe that I could have won the race for Senator in New York in 1956 if I had been nominated, and that I could have been elected Governor in 1960. I will never know why Bob Wagner and the others opposed me. Yet I will never complain for I feel that all I have I owe to my party. I would not be here. I never would have gone anywhere, if it had not been for my party starting back there in Stony Point."

#### American Tuna Vessels Under Seizure by the Ecuadoran Government

#### EXTENSION OF REMARKS

HON. BOB WILSON

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, June 5, 1963

Mr. BOB WILSON. Mr. Speaker, under leave to extend my remarks I wish to include a copy of a letter written to President Kennedy by Lester Balingier, secretary-treasurer of the Cannery Workers and Fishermen's Union of San Diego, Calif., which lucidly outlines the increasing sentiment for immediate Executive action on behalf of the two American tuna vessels still under seizure by the Ecuadoran Government.

The letter follows:

President JOHN F. KENNEDY,  
White House.

Washington, D.C.

DEAR MR. PRESIDENT: American fishermen, fishermen, and boatowners are being detained and harassed by Ecuador again. In recent years there have been numerous harassments of this nature, but this is by far the worst. From all we can find out, no top-ranking Government official has taken a firm stand in this Ecuadoran sovereignty water expansion program. Twenty-three vessels with approximately 14 crewmembers per vessel are involved. We suggest that it is time for the U.S. Government to act, to stop this piracy once and for all. We suggest the following steps be taken:

1. That a top naval attaché be dispatched to Ecuador to take charge of the situation (or a top Government official).

2. That naval vessels be dispatched to stand off the coast to show that we mean business.

3. That the topic of discussion be the immediate release by the Ecuadoran Government of the American tuna vessels and their crews, that Ecuador cease and desist claiming their 40-mile sovereignty waters.

We think that the time has come for this direct action, that if these steps are not pursued with forcefulness the American fishermen will be forced from the high seas.

Sincerely and respectfully,

CANNERY WORKERS & FISHERMEN'S UNION.

LESTER BALINGER.

Secretary-Treasurer.

#### What the Tobacco Ads Don't Tell You

#### EXTENSION OF REMARKS

OF

HON. MORRIS K. UDALL

OF ARIZONA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, June 5, 1963

Mr. UDALL. Mr. Speaker, since I introduced H.R. 5973, a bill to make the Federal Food, Drug, and Cosmetic Act applicable to smoking products, I have received letters of support from concerned people throughout the country.

I am convinced there is a huge reservoir of public opinion ready to make war on the techniques being employed by the tobacco industry. These people want the dangers of smoking highlighted. And they are becoming increasingly angry at the massive doses of advertising—most of it utterly absurd—being employed by the industry in its never-ceasing quest for new addicts. Parents, in particular, are highly critical of advertising directed toward youth.

One of the most moving and eloquent statements on the hazards of smoking comes from Dr. Charles F. Tate, Jr., associate professor of medicine, University of Miami School of Medicine. He wrote the following:

UNIVERSITY OF MIAMI.

SCHOOL OF MEDICINE.

JACKSON MEMORIAL HOSPITAL.

Miami, Fla., May 16, 1963.

HON. MORRIS UDALL,  
House of Representatives,  
Washington, D.C.

DEAR REPRESENTATIVE UDALL: I am extremely interested in your plan to introduce legislation putting the entire question of

UNITED STATES



OF AMERICA

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in

HUMPHREY

51973 2031

bill, I wish to voice my opposition to binding the hands of the SEC in this fashion.

### TOBACCO AND THE PUBLIC WELFARE

Mr. CHURCH. Mr. President, the junior Senator from Oregon (Mrs. Neuberger) has written an important book entitled "Smoke Screen: Tobacco and the Public Welfare." It deserves to be a bestseller and I am sure it will be. The book is only 136 pages long; it will take Senators no more than a couple of hours to read; I assure them the book is worth their time. It is well-written; it is not a pseudo-scientific jargon or self-righteous moralizing. Senator Neuberger sticks to the facts; she carefully examines the evidence on cigarette smoking by leading medical men all over the world, and concludes that the health case against cigarette smoking is indisputable. I suspect that few Senators had her book with an open mind will hold to a different conclusion.

Although Senator Neuberger is cognizant of the facts and uses them fairly, she has not written a tedious or stuffy book. From the first line, "Men are unenthusiastic smokers," to the last, Senator Neuberger is able to find humor even in the sad facts about cigarette smoking. One good source for humor lies in the advertising campaigns of many cigarette companies. She properly castigates the high priest of hidden persuasion, and quotes one magazine which speculates that the next cigarette singing commercial will be:

"The taste you ever did smoke; every man's child's smoke."

This epitomizes one of the most objectionable facets of the cigarette problem—the advertising campaign to persuade adolescents to smoke. Senator Neuberger quotes Dr. Michael L. Goodman, associate director for field studies of the National Cancer Institute, who said:

Cigarette advertising equates smoking cigarettes with bravery, sexual virility and social status, and in view of this campaign it is little wonder that so many youngsters smoke.

Senator Neuberger's book went to press before the most offensive cigarette commercial that I have seen made its appearance. How many American parents, who have teenage sons like I do, have winced when they heard that inane but carefully calculated jingle:

Luckies separate the men from the boys, but not from the girls.

I am sure that all reputable advertising people join in protesting this abuse of technique. As the trade journal, Advertising Age, proclaimed on August 26:

The Lucky Strike campaign is described as an effort to reduce the degree of youth appeal in cigarette advertising. Yet such a claim must be made either in deep ignorance of youthful psychology, or else, in utterly brazen cynicism, since clearly its effect will be the opposite of that proclaimed. Anything which "separates the men from the boys" means, in ordinary speech, something which is too tough a challenge for a boy—and by that token, something a boy is likely to reject.

In a time when advertising people are talking about self-policing by the industry, this kind of advertising can go a long way toward convincing the public that self-policing by admen is unlikely to be effective.

It is obvious that the term "utterly brazen cynicism" is appropriate in this particular case. But this invidious advertising campaign has not been dropped since Advertising Age correctly identified it: I suppose the increased cigarette sales to adolescents more than make up for the criticism which the campaign might cause. One of the purposes of Senator Neuberger's book is to expose this kind of unscrupulous advertising directed at youth.

Neither Senator Neuberger nor I, nor anyone else in Congress I know, proposes to interfere with an adult's right to smoke cigarettes, regardless of what the health hazard may be. But it is clear that cigarette smoking for many people is an addiction, especially if it is begun in youth. An adolescent, often plagued by the need to try to prove that he is grown up, is surely placed in a hard position to resist taking up the smoking habit, when he is constantly subjected to a ceaseless barrage of unprincipled advertising equating manliness in sports, sex, and sophistication with the smoking of X brand of cigarette. Senator Neuberger not only criticizes this rich trend in cigarette advertising, but also questions the strange silence concerning the facts of cigarettes and health, on the part of governmental agencies and much of our communications media.

In her effort to be fair, Senator Neuberger points out that some have acted responsibly in trying to bring the facts to public attention, citing among others, the Reader's Digest, Consumer's Union, Time, Newsweek, the Atlantic Monthly, Harper's, the New Republic, the Nation, CBS, Edward P. Morgan, and LeRoy Collins.

Senator Neuberger has a four-point program which Congress should seriously consider: First, education of both the presmoking adolescent and the adult smoker; second, expanded research, in the technology of safer smoking; third, reform of cigarette advertising and promotion; and, fourth, cautionary and informative labeling of cigarette packages. Senator Neuberger's book and her concern in this important matter represent real services to the American people.

I ask unanimous consent to insert several articles at this point in the Record which either review or comment upon Senator Neuberger's book "Report on Smoking Is Devastating" by Jack Anderson, which appeared in the October 31 issue of the Washington Post; an editorial "Smoking Education" from the October 21 issue of the Medical Tribune; a review by Donald Mintz from the November 8 issue of the Washington Evening Star; an article by Peter Bart entitled "Advertising: Cigarette Promotion Assailed" from the November 8 issue of the New York Times; an article by Caryl Rivers from the November 11 issue of the Baltimore Sun; and an article by W. H. Stringer which appeared in the November 14 issue of the Christian Science Monitor.

There being no objection, the material was ordered to be printed in the Record, as follows:

[From the Washington (D.C.) Post, Oct. 31, 1963]

### REPORT ON SMOKING IS DEVASTATING (By Jack Anderson)

The tobacco tycoons are doing their best to delay and dilute the long-awaited Presidential report on cigarettes and cancer, which should be ready to release by December 15.

Though elaborate precautions have been taken to make sure the report doesn't leak out before it can be edited, this column can state that the individual studies contain overwhelming evidence that smoking can cause not only lung cancer but heart, stomach, bronchial, and other ailments.

These studies are now being boiled down by Dr. Peter Hamill of the National Library of Medicine into a report that should present a devastating case against the tobacco habit.

It will be submitted to pack-a-day smoker Anthony Celebrezze, the efficient, ebullient Secretary of Health, Education, and Welfare, who hasn't concealed his lack of enthusiasm for battling the tobacco interests.

He has made it plain that he doesn't consider it "the proper role of the Federal Government to tell citizens to stop smoking."

He puts smoking in the same category as overeating and overdrinking, insisting privately: "I don't believe that the prohibition of smoking by the Federal Government would be any more effective than the prohibition of alcohol."

HEW spokesmen assured this column, however, that Celebrezze believes the Government has a duty to warn citizens against health hazards.

Celebrezze will send the report up to President Kennedy, who is even less anxious to get his fingers burned by the cigarette controversy. Certainly he has no desire to antagonize tobacco State Senators and Congressmen while his civil rights reforms and tax cuts are still pending.

When the cigarette subject was brought up at a May 1962 press conference, the President handled it like a butt that had burned down to his fingers.

"That matter is sensitive enough, and the stock market is in sufficient difficulty without my giving you an answer," he hedged. " . . . Perhaps I would be glad to respond to that question in more detail next week."

The following week, he turned the problem over to an advisory committee and announced happily that, "The survey would take some months or go into 1963."

The loudest howls about the Presidential report are coming from the Agricultural Department, which is more concerned about the tobacco crop than public health. If the report is made public on December 15, will the marketing men, it might hurt the December tobacco auctions.

Secretary of Agriculture Orville Freeman, who smokes sparingly, is fearful that the report will reduce cigarette sales and damage an important industry.

Apprehension over the forthcoming report also is high at the Federal Trade Commission, which is responsible for regulating dangerous and deceptive advertising.

Eighteen months ago, the Commission acknowledged to Senator MAURICE NEUBERGER, Democrat, of Oregon, that it has authority to crack down on tobacco advertising. The Commission put off her demand for action, however, by claiming it needed "competent probative scientific evidence."

This should now be furnished by the Presidential Committee, thus putting the Commission on the spot. It may have no alternative but to require tobacco companies to include a warning of the cigarette hazards in all their newspaper-magazine ads and radio commercials.

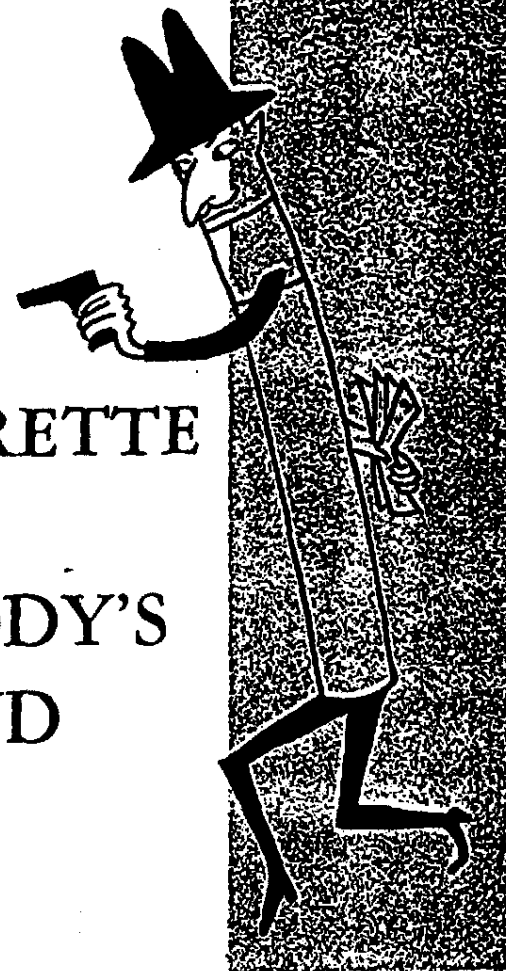
children's bureau publication no. 447-1966

U.S. DEPARTMENT  
OF HEALTH,  
EDUCATION,  
AND WELFARE

WELFARE ADMINISTRATION

● Children's Bureau

why  
NICK  
the  
CIGARETTE  
is  
NOBODY'S  
FRIEND



HUMPHREY

in

Produced by PARTG

produced by R.J.R.T.C  
foreword

in  
This pamphlet is written for boys and girls in the fourth and fifth grades. It tells how dangerous cigarette smoking can be.

CHILDREN'S BUREAU PUBLICATION NO. 447-1966

HUMPHREY

Although not many young people of these ages are smoking, more and more are taking up smoking earlier and earlier.

We believe that if these young people get facts about health and the dangers of cigarette smoking, fewer of them will start to smoke.

Many persons helped the Children's Bureau in writing "Why Nick the Cigarette is Nobody's Friend." Among them were boys and girls in the fourth and fifth grades, teachers, doctors and others who work with children. The Bureau wishes to thank them for this help.

Katherine B. Oettinger

KATHERINE B. OETTINGER  
Chief, Children's Bureau  
WELFARE ADMINISTRATION

For sale by the Superintendent of Documents, U.S. Government Printing  
Office, Washington, D.C. 20402 - Price 10 cents

produced by RRTC

WHY SHOULD ANYBODY  
THINK THAT SMOKING

GIVES PEOPLE GLAMOUR?

WHY

should anybody think that  
smoking gives people glamour?

Nick, the cigarette, would like to have you believe that line. But instead, cigarettes can stain your teeth and fingers. They can give you bad breath and smelly clothes. This doesn't add anything to a boy's appearance, and it's not very dainty or attractive for a girl. Did you ever hear of anybody becoming more popular just because he or she smoked? It takes more than that! Nick's a sly one! No pal of yours.



produced by PERTC

WHY THE COACH

WON'T HAVE NICK

ON THE TEAM

WHY

the coach won't have

Nick on the team

Nick, the cigarette, is a sneaky kind of fellow. He wants you to think he is your friend. Really, he is nobody's friend. The coach doesn't want Nick on the team because smoking harms his team members. Coaches ask athletes not to smoke. They're smart. Athletes know that it is better not to smoke. They know that Nick is a bad bargain, because he is sneaky. You don't know what he is doing to you until it is too late.





produced by RJRT

WHY NICK  
IS A GYP

in

HUMPHREY

WHY

Nick is a gyp

If you had \$1.00 to spend on just what you wanted, what would you buy? Name some things. Ice cream cones, candy bars, movie tickets? Or would you rather take a match and burn up that \$1.00? People who smoke burn up \$1.00 many times a year, or even every month. Would you want to burn up *your* money? When you are a little older someone might say you are silly because you do not smoke. But maybe he is the silly one for burning up his money.



produced by RJRTC

WHY GROWNUPS

CAN'T STOP SMOKING

in

HUMPHREY

## WHY grownups can't stop smoking

Once we are used to doing something, it is hard to stop. Some people can't stop biting their fingernails. This is a bad habit and it is hard to stop it. Cigarettes are bad habits. Many people get used to smoking them and then find it is very hard to stop.

Most adults began smoking before they knew this could cause serious illnesses. Now the reasons are known and some people have stopped smoking but others who want to stop find the habit is too hard to break.

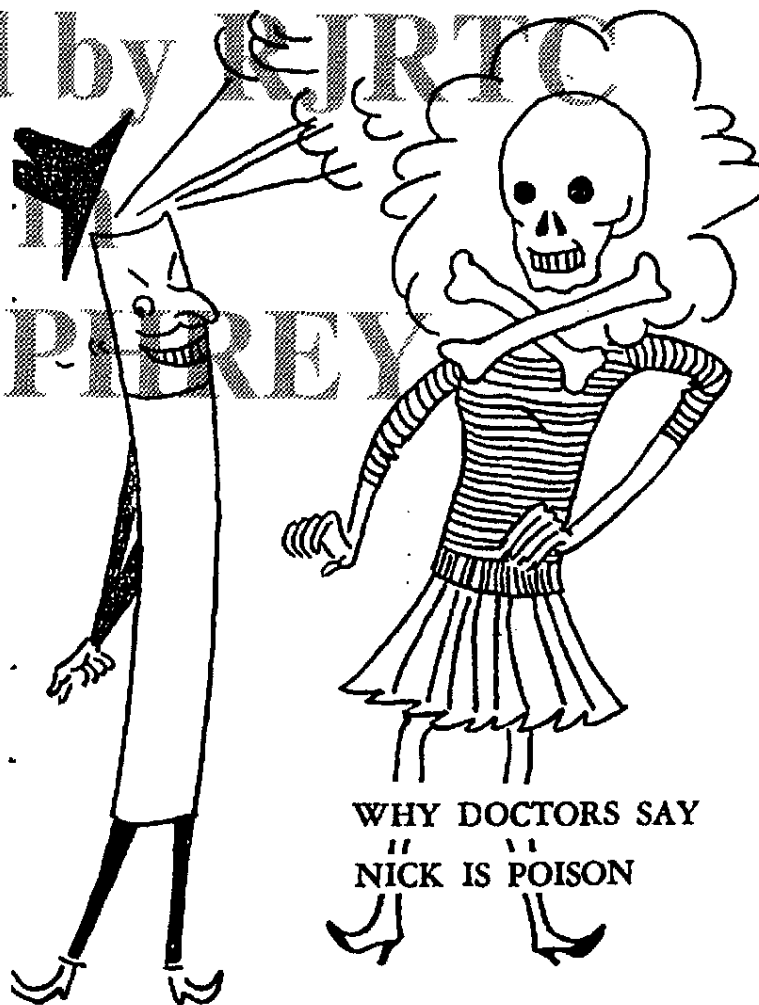


produced by RJRT

**WHY**  
**doctors say**  
**Nick is poison**

Cigarette smoke contains poisons in tiny bits of tars and other chemicals. Nicotine is one of the poisons. These can cause serious diseases. When the smoke is inhaled—flows into the lungs—these bits of poison remain and can destroy your lungs' wonderful cleaning system.

From the nose down to the smallest air passage in your lungs, hundreds of tiny hair-like "cleaning brushes" (called cilia [SIL- ya]) are always moving. The dust and germs you breathe in, they push out through your nose and throat. Cigarette smoke can destroy them so that your lungs lose a first line of defense against disease.



**WHY DOCTORS SAY**  
**"NICK IS POISON"**

51973 2039

produced by RJRTC

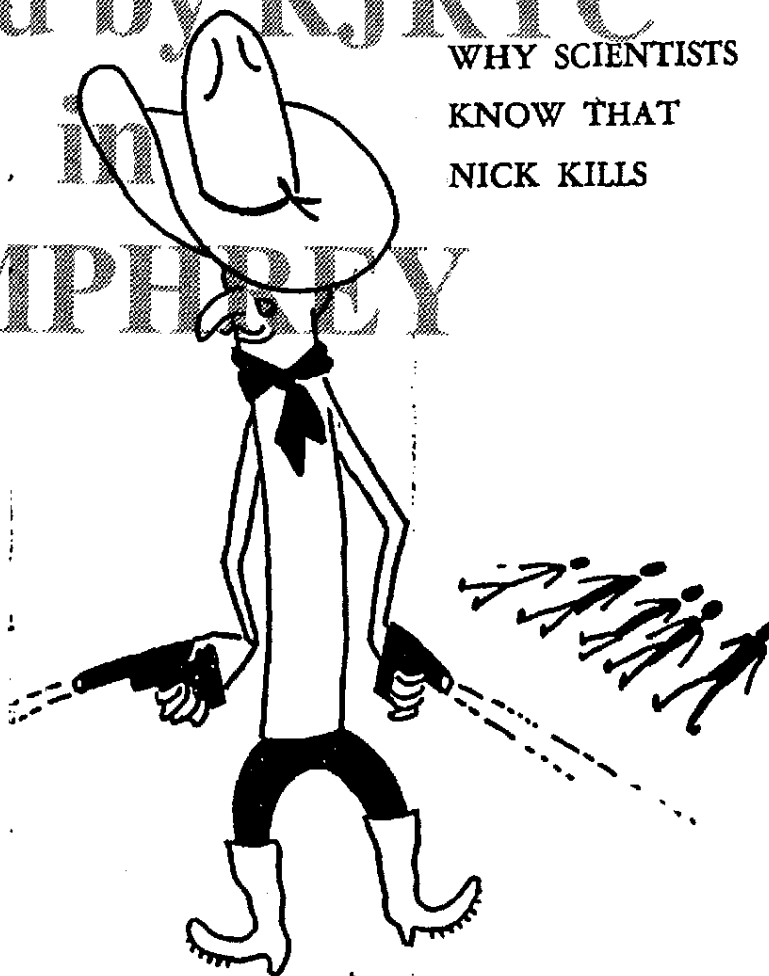
WHY SCIENTISTS  
KNOW THAT  
NICK KILLS

WHY  
scientists know  
that Nick kills

Scientists have studied people who smoke cigarettes. They also studied people who did not smoke. They find that cigarette smokers are much more likely to die earlier than are people who don't smoke.

They've found some things about smoking that show it is very dangerous. Starting to smoke young, for example, is much more dangerous than waiting until later. The more years you smoke, and the more cigarettes you smoke, the more dangerous it is. All these things make it easier for you to get a serious disease.

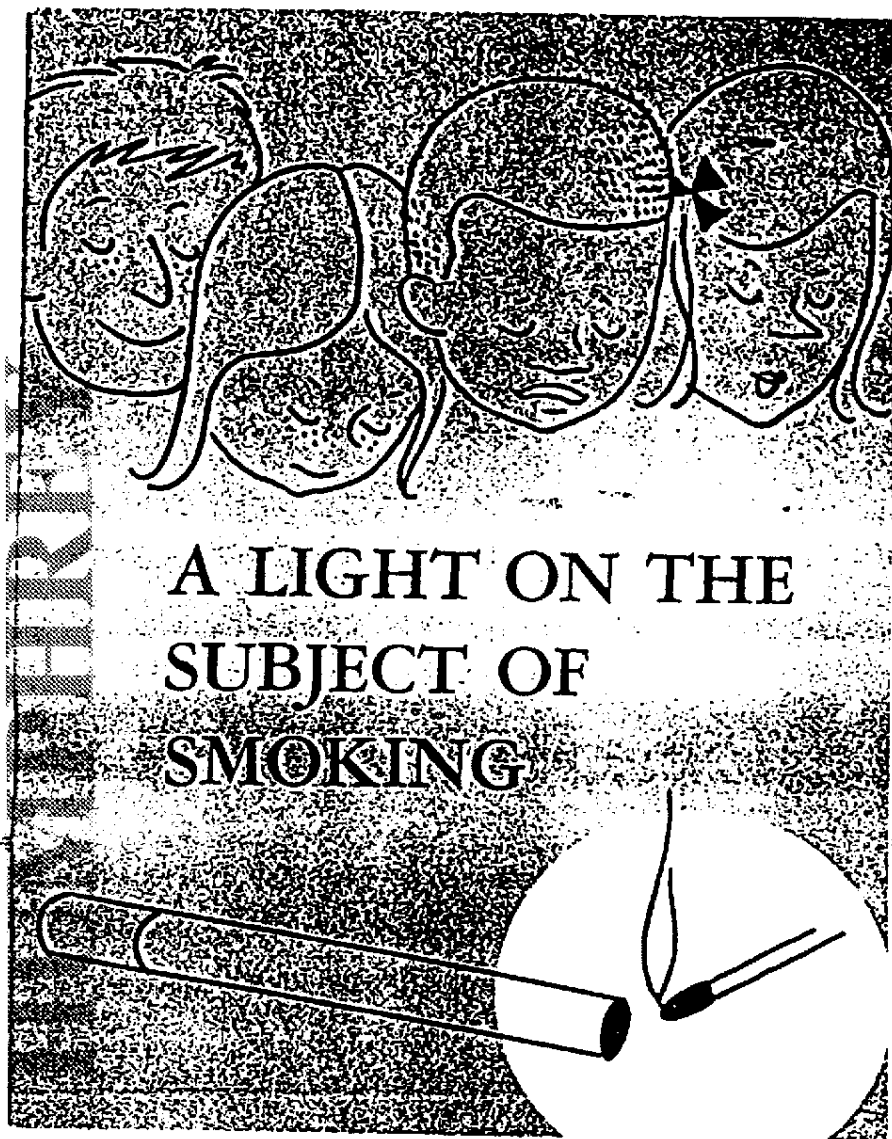
☆ U.S. GOVERNMENT PRINTING OFFICE: 1964 O-224-556



51973 2040

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in



51973 2041

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• children's bureau publication number 448—1966

in

HUMPHREY

This pamphlet is written for boys and girls in the sixth and seventh grades. It tells how dangerous cigarette smoking can be.

Although not many young people of these ages are smoking, more and more are taking up smoking earlier and earlier.

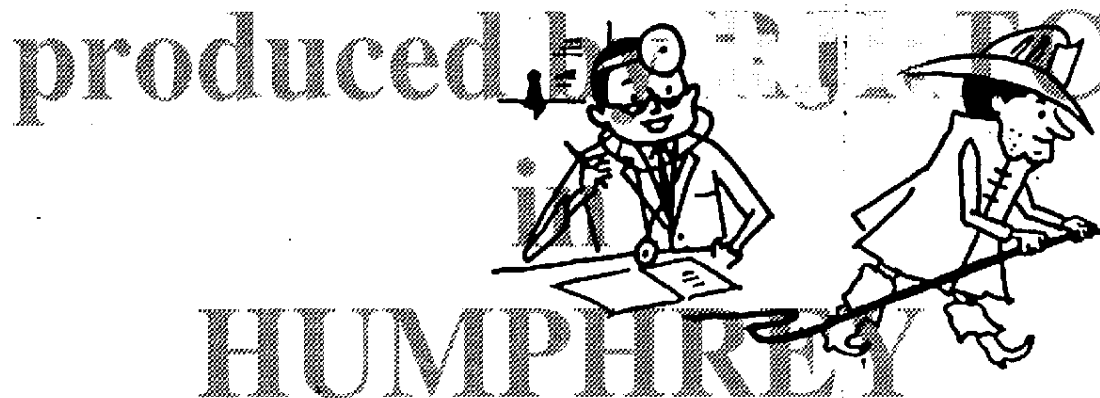
We believe that if these young people get facts about health and the dangers of cigarette smoking, fewer of them will start to smoke, and more will give up smoking.

Many persons helped the Children's Bureau in writing "A Light on the Subject of Smoking." Among them were boys and girls in the sixth and seventh grades, teachers, doctors, and others who work with young people. The Bureau wishes to thank them for this help.

Katherine B. Oettinger

KATHERINE B. OETTINGER  
Chief, Children's Bureau  
WELFARE ADMINISTRATION

51973 2042



## some burning questions

### ASK THE DOCTOR

How can cigarettes shorten a person's life?

Do cigarette smokers get lung cancer more often than nonsmokers?

### ASK THE BANKER

How much money does a pack-a-day smoker save if he quits for a year?

produced by R.J.R.T.C

**ASK THE FIRE CHIEF**

How many fires were caused by smokers last year?

How much was the cost of this damage?

Were people hurt or killed by these fires?

**ASK THE COACH**

Is there a "No Smoking" rule for the team?

Do cigarettes slow down an athlete?

If so, could this cost the team a game?

**ASK YOURSELF**

Does smoking make a boy or girl more grownup?

Does it make a boy seem more manly? Stronger?

Does it make a girl more attractive? More popular?

Some of the answers to these questions you will find on the following pages. Some of them are asked for you to find the answers for yourself.

it's smart to know  
the truth about smoking  
in

HUMANITY

Some day, you may have an important decision to make—whether or not to smoke. Your parents, teachers, friends, the crowd you go with, all have opinions about this. But in the end, it is you who must think for yourself. Nobody can think for you.

It may seem early to be talking about this. But it isn't too early to get the facts straight so that you will understand clearly what the smoking habit is. Then, if the time comes, you can make up your own mind about smoking rather than blindly copying somebody else.

For years, scientists have been testing and studying cigarette smoking to find what it does to the human body. Is it harmful? If so, how, why? They have found that it is very harmful. So in 1964, the Surgeon General of the Public Health Service publicly announced this. And in 1965, Congress passed a law that a label on cigarette packages must warn you that cigarettes can be dangerous.

*Smokers Who Start When They Are Young  
Are Likely To  
Die Much Earlier Than Nonsmokers*



produced by RJRTC

why it's a bigger risk  
for young smokers

in the earlier you start  
the more serious it is

The younger a person is when he starts smoking, the bigger the risk that he may become sick at an earlier age. Studies show that the smoker who starts the cigarette habit before he is 15 or 20, usually goes on to

smoke cigarettes  
for more years,  
and inhales more deeply.

And the smoker most likely to become sick from or die as a result of smoking, is the one who

smokes more cigarettes  
for more years,  
and inhales more deeply.

The earlier that anyone starts to smoke, the harder it is to stop smoking. People who start in their teens, or even younger, are the ones who often find that they cannot stop when they want to stop smoking.



Your life might even be affected immediately if you smoke because smoking interferes with the normal breathing that you need for swimming, tennis, baseball, football, and other sports. Some young people who start to smoke in their teens may develop coughs and have short breath in their twenties.

If a person goes on smoking for years, these troubles can cause real health dangers. Scientists now tell us that cigarette smoking can lead to deadly and crippling diseases. They find that cigarette smoke is an important cause of:

Lung cancer, a disease that destroys the lungs,

Chronic bronchitis (brong-KI-tis), a painful irritation of the airways to the lungs.

Cigarette smoking is also related to:

Emphysema (em-fuh-SEE-ma), a serious lung ailment,

Some heart and blood circulation diseases.

*Don't Take a Chance—Don't Start!*

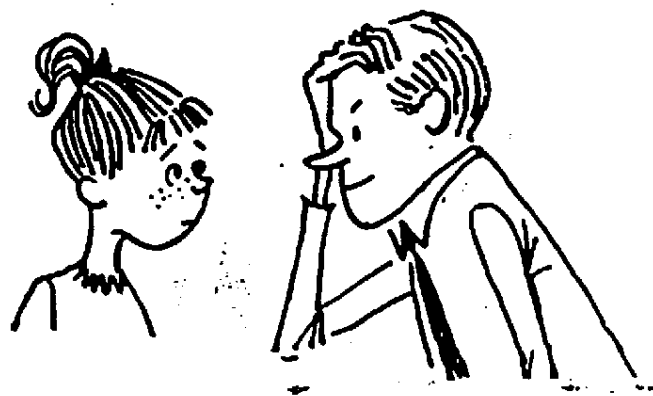
# produced by RJRTC

what's the harm in a cigarette

Cigarette smoke is harmful. It is a very complicated mixture of gases and chemicals. When smoke is inhaled, drawn into the lungs, bits of poison particles remain and make it hard for the body to do its work. Smoke contains tiny amounts of:

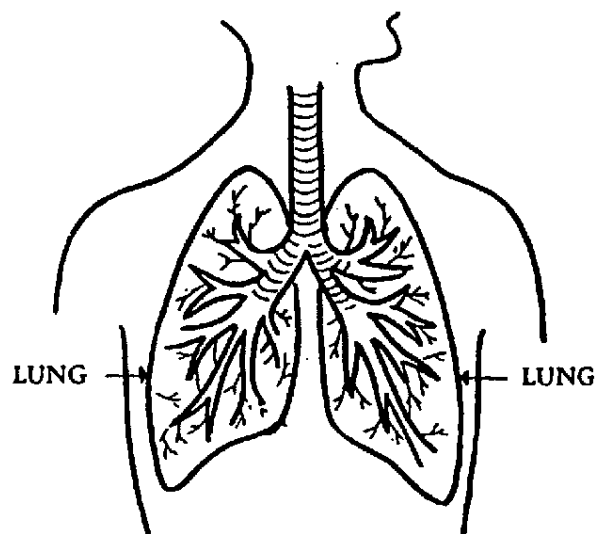
**TARS**—a mixture that forms as the tobacco burns. It coats the smoker's lungs and slows down the normal action. An average smoker inhales more than a quarter of a pint of tars from cigarettes in 1 year.

**NICOTINE**—which can be habit forming. It makes the heart beat faster and it quickens the breathing. This is a great handicap in all strenuous athletics. Nicotine is a poison that can kill instantly when in a pure form.



smoking can destroy  
your lung's cleaning system  
in

This is a very simplified picture of the lungs by which you breathe in order to live. From the nose down to the smallest air passage, the system is kept clean by hundreds of tiny hairlike "cleaning brushes" (called cilia (SIL-ya) that are always moving with a special upward action. This pushes dust and bacteria that you breathe in, outward through your nose and throat. But cigarette smoking slows down the tiny "cleaning brushes." It can destroy them so that your lungs lose a first line of defense against disease.



# produced by RJRTC

the doctor's found  
smoking, "guilty!"

why some adults can't quit smoking

On January 11, 1964, the Public Health Service published a report that warned us that cigarette smoking is dangerous. For many years, scientists have been watching and reporting the rising numbers of deaths from lung cancer. Right along with these, has come a big increase in cigarette smoking. Was smoking the villain?

This question called for the opinion of experts. The Surgeon General appointed 10 of the country's outstanding doctors to act as a sort of jury, and to advise him. They spent more than a year going over scientific evidence. Then they reported. All of them voted smoking, "Guilty!"

Their report, called SMOKING AND HEALTH, startled the Nation because it was the first official warning from the Federal Government that smoking is an important cause of lung cancer and chronic bronchitis.



Most young people who smoke believe that they can give it up at any time. In the early stages, this may be true. But the longer they smoke, the harder it is to quit. Any adult smoker can tell them that. If it is begun in the teens or before, it is much harder to quit.

The habit gets a strong hold on some smokers. Scientists really do not know why some people can stop and some cannot. They are trying to find the reason why people start to smoke, why some people can stop and others, apparently, can't stop smoking.

Most adults began to smoke before they knew of its dangers. But now for many of them, the habit is too strong. Even if they want to stop, they can't.



produced by E. R. T. C.

does smoking make a girl or a boy  
more grownup?

Cigarettes can stain your teeth and fingers, give you bad breath and smelly clothes. This doesn't add to a boy's appearance. For a girl, smoking is not a classy habit or really very attractive to boys.

Smoking doesn't make anyone look older. Did you ever see anybody become popular just because he or she smoked? It takes much more than that!

Gerry Lindgren, national collegiate champion distance runner says, "You can always spot real high school leaders. They are smart. They don't start to smoke." And another good high school athlete says, "You don't have to be a smoker to have fun and be recognized. Instead, develop your personality and if you have athletic ability develop it. Athletes are popular."

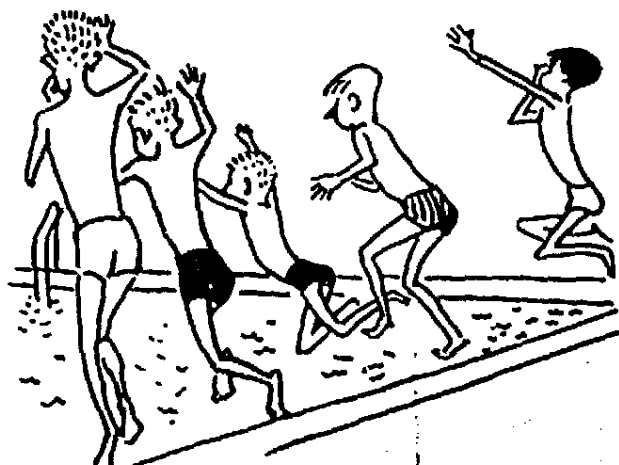
why coaches don't want  
the team to smoke

in  
HUMPHREY

One of the great Olympic champions of our time, Rafer Johnson says, "Too many young people fail to see smoking as a problem for them NOW. Coaches ask their players not to smoke because smoking affects their performance NOW."

Athletic coaches agree that cigarette smoking can damage an athlete's performance. Even though a smoker may be a fine, natural athlete, well-trained and skillful, he may find that he hasn't what it takes for that all important extra speed that wins. He'll have less than he might have had if he did not smoke.

"In a close finish between well-matched athletes, the nonsmoker has the edge," says the National Federation of State High School Athletic Associations.



*Besides, It Costs Too Much To Smoke!  
Spend Money On Things You Can Keep*

## A QUIZ

### the answers to some burning questions

Q. Can cigarette smoking shorten your life?

A. Yes. All authorities in health and medicine agree that cigarette smoking shortens the life expectancy.

Q. Are cigarettes the cause of serious diseases?

A. Yes. Cigarette smoking is a cause of lung cancer and chronic bronchitis and related to other crippling and deadly diseases.

Q. Can young people develop these diseases from smoking?

A. People are beginning to develop these diseases earlier in life. People who begin smoking in their teens can have disabling diseases in their thirties and forties.

Q. Why do coaches ask the teams not to smoke?

A. Because smoking can affect the performance of an athlete and reduce his speed.

12

Q. Because of this can smoking cost the team a game?

A. Yes. In the last hard sprint to win a game, a smoker may find he hasn't what it takes to make that goal.

Q. How much does a pack-a-day smoker save (with interest) if he stops for a year.

A. A pack-a-day costs about \$10 a month. This amounts to about \$125 (with 4 percent interest) over a period of a year.

Q. Does smoking make anybody more attractive and popular?

A. Smoking stains the teeth and fingers, gives one bad breath and smelly clothes which is not likely to attract popularity. Nobody has become popular just because he or she smokes.

13

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produced by R.J.R.T.C. CIGARETTE LABELING AND ADVERTISING—1965

in  
HUMPHREY  
HEARINGS  
BEFORE THE  
COMMITTEE ON  
INTERSTATE AND FOREIGN COMMERCE  
HOUSE OF REPRESENTATIVES  
EIGHTY-NINTH CONGRESS

FIRST SESSION  
ON

H.R. 2248

A BILL TO AMEND THE FEDERAL FOOD, DRUG, AND COSMETIC ACT SO AS TO MAKE THAT ACT APPLICABLE TO SMOKING PRODUCTS

H.R. 3014, H.R. 4007, H.R. 7051

BILLS TO REGULATE THE LABELING AND ADVERTISING OF CIGARETTES, AND FOR OTHER PURPOSES

H.R. 4244

A BILL TO PROVIDE THAT CIGARETTES SOLD IN INTERSTATE AND FOREIGN COMMERCE SHALL BE PACKAGED AND MARKED SO AS TO BEAR A WARNING THAT THEY MAY BE DANGEROUS TO HEALTH AND TO SHOW THE NICOTINE AND TAR CONTENT OF THE CIGARETTES IN EACH PACKAGE

APRIL 6, 7, 8, 9, 12, 14, 15, AND MAY 4, 1905

Serial No. 89-11

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Now, if that is done, why do you think that your procedure would invite less litigation than the other procedure?

Mr. FINO. Mr. Younger, we all know that whenever an agency of government makes regulations, it always invites litigation much more than when the Congress passes legislation, and what I am proposing here is that the Congress do this job, and the likelihood of litigation is much slighter than it would be if the agency did the job.

I think this is a responsibility of Congress and that Congress should pass this law. I say that the only question then would be the question of constitutionality, and you very seldom have that. Of course you cannot depend on the U.S. Supreme Court these days, but I would judge that there would be less litigation if the Congress did its job.

Mr. YOUNGER. Thank you very much.

Mr. ROONEY of Texas. Would the gentleman yield for one question?

Mr. YOUNGER. I yield the floor.

Mr. ROONEY of Texas. Mr. Fino, is it your position that the Federal Trade Commission has the power to do this?

Mr. FINO. I would say that they have some degree of power which we have given them to regulate this industry. However, I think, as I said in my statement, if they were to enforce this warning edict that they promulgated, that the tobacco industry would have them in court 24 hours a day for the next 10 years. However, if the Congress did the job, the chances are very, very slim.

Mr. ROONEY of Texas. Thank you, Mr. Chairman.

The CHAIRMAN. Dr. Carter has a question.

Mr. CARTER. Mr. Fino, I take it that you are terribly upset by the use of tobacco by so many millions throughout the United States; is that true?

Mr. FINO. I am not upset about it. I am a firm believer in human nature, and I know it is human nature to smoke, and it is human nature to gamble. What I say is that as long as you cannot curtail gambling and smoking and drinking, let us regulate it and control it.

Mr. CARTER. Do you use tobacco, Mr. Fino?

Mr. FINO. I smoke cigars.

Mr. CARTER. I believe you will find in the New England Journal of Medicine, June 1964, or about that time, that while they are not considered perhaps as causing as much trouble as cigarettes, that they cause at least half that much. You favor labeling. However, you continue to use the weed.

Thank you, sir.

Mr. FINO. May I say this to the doctor. If they had a warning label on the cigars that they are dangerous to your health, I might hesitate in smoking eight and might smoke four.

Thank you.

The CHAIRMAN. They might put a warning on there that it is a weed.

Mr. ROONEY!

Mr. ROONEY. I have one short question.

Mr. FINO. I would like to ask you in your opinion, What is a safe tar and nicotine content?

Mr. FINO. Scientists have determined—I do not know the percentage—they have determined that there is a level of safety, and if you look at, I think it was the Reader's Digest that had a report on this several years ago, in which they had the tar and nicotine content of all

these cigarettes that are being sold to the American public showing the level of tar and nicotine, and some of them were lower than the others. And of course there is a safe level which I feel that the manufacturers could arrive at in making cigarettes safer for the public.

Mr. ROONEY. Do you know that according to Mr. Dixon that he made the statement basically the study has never arrived at what is safe and what is not safe? They have not arrived at what in smoking is the agent that really causes cancer.

Mr. FINO. I am familiar with Commissioner Dixon's position. I do not fully agree with it, but I have been supported in my position by the Rockwell Institute up in Buffalo which feels that we should bring to the public's attention the tar and nicotine content, and urge by this legislation all the manufacturers to reduce the level of their tar and nicotine content.

Mr. ROONEY. Thank you, Mr. Chairman.

Mr. FINO. Thank you, Mr. Chairman.

The CHAIRMAN. Does any other member have any other question of Mr. Fino?

(No response.)

The CHAIRMAN. Mr. Udall, we are glad to welcome you also to the committee, and we will be glad to hear you at this time.

#### STATEMENT OF HON. MORRIS K. UDALL, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF ARIZONA

Mr. UDALL. Thank you, Mr. Chairman. I have no prepared statement, and I know the committee has other important witnesses here, and if the smoking members of this committee will light up whatever they smoke and give me about 3 minutes, I think I can express my position on the bill I have sponsored. First of all I want to say that this great committee has done more in recent years in the fields of public health than has been done perhaps in this generation, and I think there is no more important matter before the Congress today than the matter the committee is taking up. I want to commend the chairman and the members of the committee for continuing the investigation of this very important subject and the different legislative suggestions which have been made.

As the chairman indicated, my bill would place smoking products in the same class as food, drugs, and cosmetics in the enforcement of the Federal Food, Drug, and Cosmetics Act. The effort of my bill would simply be to empower the Food and Drug Administration to establish standards for smoking products as they have for other products consumed or used by the public.

I want to say at this point that I am not committed to my bill as the only approach to this problem. The introduction of my bill, which was originally sponsored nearly 2 years ago, was designed as an expression of my interest and my intention that something should be done about the very serious health hazard posed by the use of tobacco products in this country.

Some may say that the approach taken by my bill is too mild, that it ignores the role of the Federal Trade Commission. Some may say that it is an extreme bill which could totally halt the sale of tobacco because nicotine content exceeds levels that we now permit in food products.

This is not my intention, and I think no such strained interpretation can fairly be put upon the bill that there involved a device that would obviously be unworkable. I have no intention of prohibiting the sale of tobacco. I think we learned our lesson in the 1920's and the 1930's in attempting to outlaw the sale of alcoholic beverages. I think people are entitled to smoke if they wish to.

The Constitution guarantees us all these great freedoms including the freedom to abuse our health and make fools of ourselves if we want to, and I do not intend to deprive people of these great freedoms.

But I am greatly concerned about the mounting death rates from the use of tobacco products, particularly cigarettes. I will not take the time to go over the statistics that have been given by my friend from New York, Mr. Fino, but I want to associate myself with the remarks that he has made. My particular concern is not with adults because this is a habit that is hard to break. I do not think we are going to make too much change in the older generations, the people that have established this habit. The doctors have found that it is extremely difficult to break this, even with the best psychiatric and scientific knowledge that we have.

But I am concerned about the young people, the coming generations. I think labeling—I think giving the Food and Drug Administration some power to act in this field might do something about it.

I am satisfied from everything I have read that the annual death rate in this country which we can fairly attribute to smoking is 100,000 a year. This is a high figure. It is more than the lives that were lost in the atom bombing of Hiroshima. And while all the facts are not in, while all the facts are not in on drugs, all the facts are not in on space travel, all the facts are not in on the law of gravity—there is a lot we need to know in many fields—enough facts are in to satisfy me as a citizen and as a Member of Congress that there is a correlation between smoking and death and illness of the kinds that have been described before the committee.

And so I say that this is a very serious problem that deserves the attention of the Congress. I am pleased that the committee is considering legislation to deal with it.

I would only make one further request, Mr. Chairman, to save time. About 18 months ago I did a newsletter for my constituents on this subject in which I expressed by thoughts in more detail, and I would ask that this be made a part of the file or the record in the hearings.

The CHAIRMAN. Let it be included in the record along with your statement.

(The newsletter referred to follows:)

#### CONGRESSMAN'S REPORT

MORRIS K. UDALL, SECOND DISTRICT OF ARIZONA

NOVEMBER 16, 1963.

#### IF THIS IS TRUE, WHAT WOULD WAS BE LIKE?

Suppose I began this report by revealing a secret plot to undermine the United States and take the lives of 100,000 or more Americans in the next 12 months—as many persons as were killed in the atom bombing of Hiroshima. Suppose I said that this was actually a conservative estimate, that in fact the number of fatalities resulting from this evil plan next year might exceed a quarter of a million—say roughly the total number of Americans killed in battle in World War

II. Would you be shocked? Would you want to know who had hatched this terrible scheme? I'm confident you would. But let's go a little further. Suppose I told you that persons in the highest places knew about this plot but had done nothing about it. Suppose I said that many of your fellow Americans were not only aware of these facts but were conspirators in the plot. Suppose I told you that, not just a few, but most of your fellow Americans were already aware of this evil design, and they didn't really care. Suppose I said that many of your own neighbors, and perhaps members of your own household, would help contribute more than \$7 billion in the same 12 months period to carry out this mass murder. Would you wonder about the quality of the American people?

In truth, there is such a plan. It may not be formulated in specific terms and written in disappearing ink on old gum wrappers. But I'll tell you this: formulated or not, conscious or not, deliberate or not, a program is going forward that will take 100,000 or more lives this coming year, and every succeeding year, and up to this point nobody is doing much about it. If Nikita Khrushchev had wanted by the Communists, they couldn't care less.

At this time I'm sure you know I'm not talking about some Soviet plot, or even some plan of those fanatics in Arlington, Va., the members of the American Nazi Party. I'm talking about the plan of the American tobacco industry to lure more and more young people to smoke cigarettes, to stimulate more and more adults to smoke more and more packs a day, all in the face of mounting scientific evidence showing that the end result of this massive sales effort will be committed in the next 3 to 10 years exceeding the total battle deaths in all the wars we have fought since 1776.

Speaking as a parent, as well as a Congressman, I might express my reaction to these facts in some such manner as this: Who needs enemies when we have friends like the "Marlboro Man"?

#### WHILE THERE'S SMOKE . . .

In years past people who campaigned against smoking could be classed either as (1) health faddists, or (2) members of certain religious groups which discourage smoking. Most people are neither, and thus appeals to young people to avoid the habit have fallen largely on deaf ears. All that is changing with the accumulation of massive scientific evidence linking smoking with lung cancer, emphysema, cardiovascular disorders and other diseases. The campaign against smoking has moved from the pulpit to the laboratory to the halls of Congress.

Let's look at some recently published facts:

In 1950 consumption of cigarettes in the United States was 750 for each adult, or about three-quarters of a pack a week. By 1961 this had increased to 4,000 per adult, an average of about 4 packs a week for our entire adult population.

Medical researchers say that three-fourths of all lung cancer cases are caused by cigarette smoking. Among men who smoke 2 packs a day, more than 25 will die for every nonsmoker who dies of the disease. Death attributable to lung cancer now total over 30,000 a year in the United States.

A study by the U.S. Public Health Service last year revealed a relationship between smoking during pregnancy and the occurrence of premature births. Birth weight was found to vary inversely with the amount of smoking done by the mother during pregnancy. More startling relationships, such as infant breathing difficulties and other abnormalities, are likely to show up in future studies.

The same U.S. Public Health Service reports that the death rate for regular smokers is 32 percent greater than for nonsmokers. Among persons who smoke regularly the ratio of deaths from cancer is approximately 10 times that of nonsmokers.

The Surgeon General of the U.S. Air Force said last year there is an ever-increasing link between cigarette smoking and cancer, pulmonary disease, cardiovascular disease, etc. Because of these facts he announced the Air Force no longer will permit cigarette companies to make free distribution of their products in Air Force hospitals and flight line-up.

A study published by the Scientific American last year revealed that out of 5,000 deaths among cigarette smokers killed by coronary artery disease, only 1,073 would have died had they been nonsmokers. That meant that more than 40 percent of the deaths in this group were attributable to



Part 1  
**CIGARETTE LABELING AND ADVERTISING—1969**

**HEARINGS**

BEFORE THE

**COMMITTEE ON**

**INTERSTATE AND FOREIGN COMMERCE**

**HOUSE OF REPRESENTATIVES**

**NINETY-FIRST CONGRESS**

**FIRST SESSION**

**ON**

**H.R. 643**

A BILL TO AMEND THE FEDERAL CIGARETTE LABELING AND  
ADVERTISING ACT WITH RESPECT TO THE LABELING OF PACK-  
AGES OF CIGARETTES, AND FOR OTHER PURPOSES

(And Similar Bills)

**H.R. 1237**

A BILL TO DIRECT THE FEDERAL COMMUNICATIONS COMMIS-  
SION TO ESTABLISH REGULATIONS PROHIBITING CERTAIN  
BROADCASTING OF ADVERTISING OF CIGARETTES

(And Similar Bills)

**H.R. 3055**

A BILL TO STRENGTHEN THE FEDERAL CIGARETTE LABELING  
AND ADVERTISING ACT

(And Similar Bills)

**H.R. 6543**

A BILL TO EXTEND PUBLIC HEALTH PROTECTION WITH RE-  
SPECT TO CIGARETTE SMOKING AND FOR OTHER PURPOSES

(And Similar Bills)

APRIL 15, 16, 17, 18, 21, 22, 23, 24, 25, 28, 29, 30, AND MAY 1

**Serial No. 91-10**

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utmost confidence that the action taken by the Congress will be honest and just and fair to the industry and to the millions who depend on it for their livelihood, and I trust the judgment of this Committee to report H.R. 7177 to the Full House for their consideration—and no doubt—passage.

**STATEMENT OF HON. EARL R. BOUTWELL, A REPRESENTATIVE IN CONGRESS  
FROM THE STATE OF NORTH CAROLINA**

Mr. Chairman and members of the Committee, I appreciate the opportunity to present my views to you today as a co-sponsor of H.R. 7177 and to urge that you take appropriate action to assure that the Federal Communications Commission does not exceed its jurisdiction in the issue of cigarette advertising on radio and television.

Early this year the Congress was advised by the Federal Communications Commission that the agency was proposing to institute a ban on such advertising when the present law governing the matter expires on July 1, 1968.

While there are several controversial aspects to this issue, I wish to address myself solely to the question of legal jurisdiction over the matter.

First of all, I feel the Commission is being very discriminatory when it picks out one industry to deny it the right to advertise its product. They have made this move against a product which is legally grown, legally manufactured, and legally sold throughout the United States. Why then does it become illegal by decision of the FCC to advertise this product?

In announcing its proposed ban, the FCC suggests it will act in the absence of contrary Congressional direction on the expiration of the present law which now directs the Commission how it is to act. This very phraseology indicates the Commission's awareness that Congress is the final authority in this area. I believe that the representatives of the people should maintain the final say in matters of such great importance to so many people. I believe it to be the jurisdiction of Congress to debate the issue, render its decision, and direct the Federal Communications Commission, or the Federal Trade Commission, or any other pertinent regulatory agencies as to what action it may take in the interest of the people.

In conclusion, I would ask the Committee this question:

If the Federal Communications Commission is permitted in this instance to usurp powers that rightfully belong to Congress, what product would then be safe from future arbitrary discrimination?

The CHAIRMAN. Is Congressman Jeffery Cohelan here?

Welcome, sir, please proceed as you see fit.

**STATEMENT OF HON. JEFFERY COHELAN, A REPRESENTATIVE IN  
CONGRESS FROM THE STATE OF CALIFORNIA**

Mr. COHELAN. Thank you, sir. Mr. Chairman, as a cosponsor of the Federal Cigarette Labeling and Advertising Act, I want to add my strong support for H.R. 1236, introduced by my distinguished colleague from California, John Moss.

I feel that it is time for some very plain speaking on this subject. The U.S. Public Health Service, the World Health Organization, the Royal College of Physicians in Great Britain, and many independent research organizations testify to the fact that cigarette smoking is a causative factor in lung cancer, emphysema, and some forms of heart disease.

Our task, of warning young people before they start to smoke and of encouraging those already addicted to reconsider their habit in light of the facts, is not easy. For me, its magnitude was dramatized by the American Medical Association's announcement in 1965 that each year Americans smoke about 500 billion cigarettes—the equivalent of

over seven cigarettes a day for every man, woman and child.<sup>1</sup> The Internal Revenue Service has since revised that figure upward every year save one, and we now know that in 1968 our national consumption was 546 billion cigarettes.

The attractive packaging and advertisements which link smoking with that which is desirable and beautiful in life make the task even more difficult. In the electronic age, when the medium may be the message, the joys and benefits of smoking are all too vividly portrayed. Countering that message with the unpleasant fact that cigarettes are dangerous to health is the purpose of our bill.

It does not make illegal the smoking or possession of cigarettes; it does not forbid their advertisement. It does require the manufacturer and advertiser to list the tar and nicotine content and to state the following on each package and ad: "Warning: Cigarette Smoking is Dangerous to Health and May Cause Death from Cancer and Other Diseases." Also, it authorizes the Secretary of Health, Education, and Welfare to regulate the length of cigarettes if a causal relationship with health hazards is established.

Mr. Chairman, our experience with the 18th amendment, of trying to legislate personal drinking habits, was not successful; we would be no more successful trying to prohibit the smoking of cigarettes. It may be debated, too, whether we should forbid entirely radio and TV advertising of cigarettes.

But there is no question of the necessity to insist now that all potential users be provided with the facts about a product so potentially detrimental to their health. Medical World News, in a recent article, reminds us that heavy cigarette smokers lose about one minute of life for every minute they smoke.<sup>2</sup>

This is a sobering statistic, Mr. Chairman, and I respectfully urge that your committee report favorably H.R. 1236, as a means of helping the American public to understand that statistic fully.

The CHAIRMAN. Thank you Mr. Cohelan, for the benefit of your views.

Are there any questions?

The next witness will be Congressman Edward I. Koch from New York.

Do you have a prepared statement?

**STATEMENT OF HON. EDWARD I. KOCH, A REPRESENTATIVE IN  
CONGRESS FROM THE STATE OF NEW YORK**

Mr. KOCH. Yes; I do.

The CHAIRMAN. I wonder if it is long.

Mr. KOCH. It is not terribly long, and I will be brief.

Mr. Chairman, I very much appreciate this opportunity to testify in support of H.R. 1236. I support this legislation because it is intended to discourage smoking. I do not believe that it is practical to make smoking illegal. But I do believe it is sensible for the U.S. Government to make every effort to discourage the children of this coun-

<sup>1</sup> Today's Health Guide, published by the American Medical Association, 1965, p. 454.  
<sup>2</sup> "How Does the War on Smoking?" Medical World News, Feb. 14, 1968.

try from taking up the habit, and alerting the adults to the dangers they face by smoking.

I have joined with 18 Congressmen in support of the FCC's proposal to ban cigarette advertising on radio and television. In the course of forming that ad hoc group, I have had some interesting correspondence with some Members of this Congress who represent constituencies that would be economically adversely affected in the event there were to be a decline in cigarette smoking. I am annexing to my statement a copy of that correspondence namely my letter of February 7, 1969, the reply to that letter sent by the Members representing the State of Kentucky dated February 26, 1969, and my reply to it dated March 10, 1969.

The thrust of the opposition to banning cigarette advertising as appears in the letter from the Kentucky delegation is basically that in the judgment of those Members, there is not sufficient evidence indicating a correlation between cigarette smoking and the various diseases to the heart and lung and other parts of the body. I am very conscious of the economic damage that would flow from the diminution of cigarette smoking in this country. As I pointed out to the Kentucky delegation, we pay subsidies to farmers not to grow food even while there is a world shortage and people in this country suffer from hunger and malnutrition. Would it not be feasible to pay our farmers similar subsidies not to grow substances like tobacco where the evidence indicates it to be an unhealthy substance—indeed a kind of poison.

In response to the comment by the Kentucky delegation that there is not sufficient proof showing the direct connection between smoking and the diseases allegedly related thereto, and the particular complaint that such claims are merely based on statistics—I reply that it was through such statistics that we know vaccinations prevent polio, smallpox and diphtheria; that antibiotics cure many bacterial infections; that the pasteurization of milk and purification of water prevent many diseases. It was through statistical observation that we established the relationship of the drug thalidomide, taken by women in pregnancy, to the birth of deformed babies. An ominous report recently was released by researchers at Columbia University who have, according to the New York Times dated March 21, 1969, "demonstrated experimentally in animals how smoking during pregnancy can harm unborn babies. Two years of laboratory tests with pregnant Rhesus monkeys have shown that nicotine introduced into the bloodstream of the mother impairs the heart rate, blood pressure, oxygen supply and acid balance of the unborn infants."

That same report also said, "Other statistics have shown that the weight of newborn babies of mothers who smoke is about 6 ounces less than the weight of infants born of nonsmoking mothers." Statistics are the heart of medical research as indeed they are an important basis for congressional legislation. For me, a most striking statistic is the one which indicates that a young man at age 25 who smokes two packs of cigarettes a day will have a life expectancy, on an average of 8 years less than that of a young man of similar age who does not smoke.

I am even more distressed, Mr. Chairman, having read a news report on March 21 of this year, that Agriculture Secretary Clifford

M. Hardin has approved a 1-year extension of a \$210,000 Government subsidy to help pay for cigarette advertising programs in Japan, Thailand and Austria. I think it is outrageous that the American taxpayer should be taxed to pay for cigarette advertising and thereby spread disease and malignancy in other countries.

This is particularly abhorrent when the FCC is seeking a ban of such advertising in this country. Our children and their children are too precious to waste this way. Far to be preferred would be an expenditure of this amount, and 10 times it, to spread the word that the federal government wants its young citizens to know that smoking is deleterious. Yes, let the Federal Government advertise, but in support of health, not to destroy it. I am annexing, Mr. Chairman, a copy of a letter which I have sent to Agriculture Secretary Clifford M. Hardin indicating my opposition to what he is doing.

The statistics indicate that 4,000 children every day are newly hooked on smoking. I don't believe that the addition of the notice on the pack of cigarettes, as proposed under H.R. 1236, will appreciably decrease the amount of smoking, but it will be a step in that direction. If I had my druthers, I would put a skull and crossbones on that pack of cigarettes.

Mr. Chairman, there is a strong body of medical opinion which believes that cigarette smoking is not only psychologically but physiologically addictive, comparable to heroin addiction. I would suggest to this committee that it hold hearings on that very subject; and if as I believe it will be established that such is the case, then there ought to be legislation which would require that the warning on the pack of cigarettes also indicate the danger of addiction.

Mr. Chairman, until stronger bills are introduced, I support the pending legislation. And, I should note that even though I support H.R. 1237, I believe that the FCC already has the authority to ban all cigarette commercials on radio and television. I only believe that this bill provides a means for the Congress to express the urgency in eliminating these advertisements and to prod the FCC in doing so.

If I may extemporize and I will endeavor to be very brief. Much reference was made to the first amendment. The first amendment does not cover product commercials and we ought to understand that and there are cases to that effect.

Another aspect of regulation is the resistance that you find by every industry when it is subject to prospective controls. The color television industry gets very distressed when we inquire into the problem of X-rays that exceed tolerance levels because raising the problem might cause people to buy less of a product or might demand more of a product before they buy it.

The automobile industry was opposed to the safety regulations that ultimately this Congress demanded and required by law.

I would like to comment on a statement made by the distinguished chairman of the North Carolina delegation who made a very effective speech on behalf of his constituents. I do have constituents, too. The television media are located in my area. They are the ones who say they are going to suffer the loss of revenue and big cigarette companies are located in my congressional district. But there is an overriding constituency to which we must all respond. The health

MICHAEL E. PARRISH

Professor of History  
University of California, San Diego  
La Jolla, California 92093

June 27, 1997

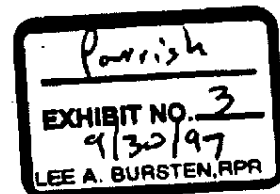
RE: Arch. et al. v. The American Tobacco Company, et al., United States District Court for the Eastern District of Pennsylvania, Civil Action No. 96-5903-CN

TO WHOM IT MAY CONCERN:

Enclosed please find a copy of my Curriculum Vitae which lists my educational background, professional experience, and also contains a bibliography of all the materials I have published from 1970 to present. As my Curriculum Vitae reflects, I received a Ph.D. from Yale University, in 1968, and have been a Professor of History at the University of California, San Diego from 1969 to present. I am being paid \$125.00 per hour to develop my testimony in this matter. I have not testified or been deposed in any other matter.

My opinions are based on my education, training and experience in the field of history and a review of the documents produced by the plaintiffs in this matter; documents obtained independently from the State of Pennsylvania, regional and local health agencies and organizations, state departments and agencies, public archives and libraries both inside and outside Pennsylvania, and third-party organizations acting within the state; the depositions of the various experts identified by plaintiffs in this case; the educational laws, curricula and textbooks used in Pennsylvania throughout the years; media coverage of smoking and health issues including articles appearing in Pennsylvania newspapers, national newspapers, magazines, and other periodicals; national and local television news programs, religious and community publications on smoking and health; public health reports regarding smoking including Reports of the Surgeons General; movies, cartoons, music, and slang; and other evidence of public awareness of the risks associated with smoking such as public opinion polls.

I expect to testify regarding the history and evolution of cigarette smoking in the United States in the Twentieth Century and the various social, cultural, and technological developments that impacted cigarette consumption. Throughout history, tobacco and cigarettes have been the subject of heated and visible controversy, and often, widespread condemnation. I anticipate testifying that much of the attention cigarettes have received has manifested itself in claims that cigarette smoking can be dangerous to health, even fatal, and that it is a habit which for some can be difficult to break.



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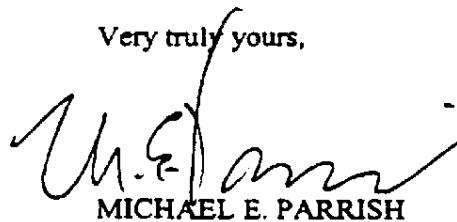
June 27, 1997

Page 2

I further expect to testify that the awareness of the American public, including residents of Pennsylvania, of health risks commonly associated with cigarette use, including awareness that cigarette smoking can be "addictive," became so widespread that the potential risks associated with smoking must be considered part of the common knowledge. This common knowledge was comprised not only of information concerning the claimed risks and hazards associated with smoking, but also incorporated and reflected cigarette advertising and statements made by the tobacco industry. I also expect to testify that, among other things, pertinent education laws, curricula and textbooks used in Pennsylvania, educational campaigns sponsored by the State, religious and not-for-profit health organizations, as well as the extensive coverage and discussion of smoking and health issues in the popular press and in popular culture including newspapers, magazines, periodicals, books, television news, movies, cartoons, music, and slang all reflect an extensive awareness by the citizens of Pennsylvania of the harmful and habit forming effects of cigarettes since at least the turn of the century.

I may also testify regarding the opinions expressed by other witnesses in this case, as well as the evidence upon which they rely.

Very truly yours,



MICHAEL E. PARRISH

Enclosure.

51973 2057

**MICHAEL E. PARRISH**

Professor of History  
University of California, San Diego  
LaJolla, California 92093  
(619) 534-1996

**PERSONAL INFORMATION**

Date of Birth: March 4, 1941, Huntington Park,  
California.

Citizenship: United States

Home Address: 3525 Lebon Drive, #213  
San Diego, California 92122  
(619) 535-0427

**EDUCATION**

B.A., 1964, University of California, Riverside (With  
High Honors)

M.A., 1966, Yale University, New Haven, Connecticut

Ph.D., 1968, Yale University, New Haven, Connecticut

**ACADEMIC HONORS AND AWARDS**

Woodrow Wilson Fellowship, 1964-65

Woodrow Wilson Dissertation Fellowship, 1967

American Council of Learned Societies Fellowship, 1973

National Endowment for the Humanities Fellowship, 1974

Liberal Arts Fellow, Harvard Law School, 1974

## MEMBERSHIPS

American Historical Association  
Ninth Judicial Circuit Historical Society  
American Society for Legal History

## PROFESSIONAL EXPERIENCE

Teaching Fellow, Yale University, New Haven, 1967-68  
Assistant Professor of History, University of California, San Diego, 1968-73  
Associate Professor of History, University of California, San Diego, 1973-1981  
Professor of History, University of California, San Diego, 1981-present  
Lecturer, Johns Hopkins Center for Chinese and American Studies, Nanjing, China, December 1989

## ADMINISTRATIVE EXPERIENCE

Chairman, Department of History, University of California, San Diego, 1985-88, during period of rapid faculty growth, including addition of two endowed chairs and new programs in Judaic Studies, Japanese studies and history of science.  
Director, Urban Studies and Planning Program, University of California, San Diego, 1983-85, an interdisciplinary program of 150 students, with faculty from history, sociology, economics, and political science.  
Member, Committee on Academic Personnel, University of California, San Diego, 1976-78, 1980, campus-wide faculty committee with jurisdiction over all appointments and promotions.

Member, Committee on Educational Policy, University of California, San Diego, 1975-76, 1980-81, campus-wide faculty committee with jurisdiction over all undergraduate and graduate courses and programs.

Member, Executive and Policy Committee, Academic Senate, University of California, San Diego, 1982-84

Chairman, Select Faculty Committee on UCSD Law School, 1984

Chairman, Faculty-Administrative Committee on Subject A and English Composition, University of California, San Diego, 1985.

Divisional Representative, All-UC Academic Assembly, 1983-85, the state-wide legislative body of the UC faculty.

#### PUBLIC SERVICE

Member, Encinitas Union Elementary School District, elected to four year term, 1971-75

Director, San Diego County Water Authority, appointed to seven-year term by Mayor of the City of San Diego.

#### TEACHING FIELDS

American Legal History

Constitutional History of the United States

American Politics and Culture in the Twentieth Century

The Cold War

The Great Depression



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Michael E. Parrish, Securities Regulation and the New Deal (New Haven, Yale University Press: 1970)

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Michael E. Parrish and David Kennedy, eds., Power and Responsibility: Leadership in Modern America (San Diego, Harcourt-Brace-Javdovich: 1986)

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### Anthologies

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Michael E. Parrish, Daniel Aaron, Jane Scheiber, and Allen Weinstein, American Issues Forum, Vol. II (Del Mar, Publisher's Inc.: 1975)

### Articles

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Michael E. Parrish, "Felix Frankfurter and American Federalism," in Federalism: Studies in History, Law, and Policy (Berkeley, Ca., Institute of Governmental Studies: 1988).

Michael E. Parrish, "Little Daily Questions and Shooting Tiger," in Power and Responsibility: Case Studies in American Leadership, ed., Michael E. Parrish & David Kennedy (San Diego and New York, Harcourt-Brace-Jovanovich: 1986), pp. 141-170.

Michael E. Parrish, Essays on Felix Frankfurter, the United States Supreme Court, and Charles Evans Hughes in Franklin D. Roosevelt: His Life and Times, ed., Otis L. Graham, Jr. & Meghan Robinson Wander (Boston, Mass.: G. K. Hall: 1985).

Michael E. Parrish, Essays on Felix Frankfurter, Robert Jackson, Harold Burton, and Charles Evans Hughes in The Encyclopedia of the American Constitution, ed., Leonard Levy & Kenneth Karst (New York, MacMillan: 1987).

Michael E. Parrish, "Constitutional History, 1932-1945," in Leonard Levy & Kenneth Karst, eds., Essays from the Encyclopedia of the American Constitution (New York, MacMillan, 1989).

Michael E. Parrish, "Government and the Economy in the 1920s: The Struggle over Muscle Shoals," in Source Problems in American History, ed., Armin Rappaport and Richard Trania (New York, MacMillan: 1970).

Michael E. Parrish, "Justice Douglas and the Rosenberg Case: A Rejoinder," Cornell Law Review, 70 (August, 1985), 1048-55.

Michael E. Parrish, "Mexican Workers, Progressives and Copper: The Failure of Industrial Democracy in Arizona during the Wilson Years," Southwest Border Series (University of California, San Diego: 1978).

#### Selected Review Articles & Book Reviews

Michael E. Parrish, "The Letters of Louis D. Brandeis," UCLA Law Review, 27 (December 1979), 471-504.

Michael E. Parrish, "Earl Warren and the American Judicial Tradition," American Bar Foundation Research Journal (Winter, 1982), 45-67.

Michael E. Parrish, "The Sacco-Vanzetti Case Revisited," American Bar Foundation Research Journal (Summer, 1987), 575-89.

Michael E. Parrish, "Frank Murphy: The Washington Years," Constitutional Commentary, 2 (Summer, 1985), 463-69.

Michael E. Parrish, "Brandeis," a Review of Brandeis by Lewis J. Paper in Constitutional Commentary, 1 (Summer, 1984), 370-75.

Michael E. Parrish, Review of Richard Polenberg's Fighting Faiths in Constitutional Commentary, 6 (Winter, 1989), 190-94.

Other book reviews have appeared in The American Historical Review, Reviews in American History, The American Journal of Legal History, The Pacific Northwest Quarterly Review, The Journal of American History, and the Los Angeles Times.

#### Work in Progress

##### I. Books

Michael E. Parrish, Anxious Decades: America Between the Wars (New York, W. W. Norton, expected publication, Fall 1990).

Michael E. Parrish, Felix Frankfurter and His Times: The Court Years (New York, The Free Press, expected completion, 1991).

Michael E. Parrish, The Last Liberal: A Life of Joseph L. Rauh, Jr. (New York, W. W. Norton, sometime in mid 1990s).

#### PROFESSIONAL CONFERENCES

Participant, First Berkeley Seminar on Federalism, 1987.

"Felix Frankfurter and American Federalism," Second Berkeley Seminar on Federalism, 1988.

Chairman-Director, "The State of American Legal History," a Conference Sponsored by the UC Humanities Institute and UCSD, LaJolla, October 1988.

"Felix Frankfurter and the Warren Court," Georgetown University Conference on the Warren Court, February, 1990.

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SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF NEW YORK

----- x  
JOSEPHINE STEWART-LOMANTZ, :  
SHARLENE HOBERMAN, LOUIS CRUZ, and :  
AUDREY HULSE on behalf of the Estate of :  
Lewis Hulse, individually, and on behalf of :  
others similarly situated, :

Index No. 110953/96

Plaintiffs, :

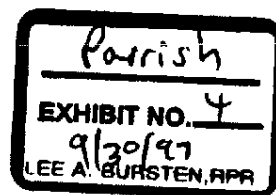
v. :

BROWN & WILLIAMSON TOBACCO :  
CORPORATION, B.A.T INDUSTRIES P.L.C., :  
BATUS, INC., BATUS HOLDINGS, INC., :  
COUNCIL FOR TOBACCO RESEARCH-USA, :  
INC. (successor to Tobacco Industry Research :  
Committee), and TOBACCO INSTITUTE, INC., :

Defendants. :  
----- x

AFFIDAVIT OF MICHAEL E. PARRISH

51973 2066



Affidavit of Michael E. Parrish

MICHAEL E. PARRISH, being duly sworn, deposes and says:

I am a professor of history and chairman of the department at the University of California, San Diego, where I have taught for 27 years. I hold a B.A. degree in history from the University of California (Riverside, 1964), and an M.A (1966) and Ph.D. (1968) in history from Yale University. I am the author of three books and several dozen articles with expert knowledge in the political and social history of the United States since the Civil War.

For the past three years in association with several graduate students, I have conducted extensive historical research on the issue of tobacco use, especially cigarette smoking and health, with attention to the question of public awareness and popular understanding of the relationship between cigarettes and addiction. My research has focused both upon public awareness in the United States as well as major states such as New York and California. These efforts have included research in the following primary and secondary sources:

- a. Major newspapers and periodicals, including the publications of leading anti-tobacco organizations.
- b. Federal and state government documents, including state legislative hearings, Congressional hearings, and state and local public health agencies.
- c. Public school textbooks, especially those relating to health;
- d. Autobiographies, diaries, memoirs, and fictional literature;
- e. Manuscript collections, especially those of leading anti-cigarette reformers such as

Anthony Zelaney, David Starr Jordan, and John Harvey Kellogg; and

f. Motion pictures, cartoons, and television documentaries.

For the purposes of this affidavit I have focused my research and conclusions upon the issue of public awareness concerning the addictive nature of tobacco (especially cigarettes) in New York City and state and the United States in the twentieth century. Although the Surgeon General of the United States and other medical experts did not state their judgments about nicotine addiction until the late 1980's and early 90's,<sup>1</sup> popular awareness of the possible connection between smoking and addiction has deep roots in American culture reaching back even to the colonial period. Before the post World War II era, ordinary people frequently linked tobacco with other narcotic drugs. Their use of such terms as "bondage," "fettters," "cigarette slave," and "cigarette addict" leave little doubt that popular knowledge was saturated with the belief that smoking is a habit that can be extremely difficult to break. In the twentieth century, cigarette smoking added many new words to the slang vocabulary of Americans across the country. And these slang words usually suggested addiction: "little white slaver," "nicotine addict," "nicotine fiend," "fag fiend," "nicotine fit," "cold turkey," "hooked," and "hooked on the weed."

When exploring popular understanding and common knowledge about a subject such as cigarettes and addiction, good historians will keep in mind this distinction between what trained scientists know and expressed and what the man or woman in the street assumed to be the truth

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<sup>1</sup> See "The Health Consequences of Smoking," Nicotine Addiction--A Report of the Surgeon General of the United States (Washington, D. C., 1988); and C. Tracy Orleans and John Slade, *Nicotine Addiction: Principles and Management* (New York, 1993), 40.



of the matter. This was observed in 1964 by John A. Moore in a popular book advising people how to lick the cigarette habit: "Inhaling cigarette smoke through our lungs for the brain stimulation it gives, is definitely an addiction for many. . . . Whether we call it habit, habituation or addiction, makes no difference. That is only a matter of terminology."<sup>2</sup>

Moore wrote several decades before the Surgeon General's report in 1988, but his views had long been incorporated into the popular imagination of Americans for over a century.

The historical evidence, presented in this affidavit, is simply overwhelming that in America, popular awareness of cigarettes and their "addictive" potential was often ahead of technical and scientific opinion on the subject. A representative sample of this evidence, with particular attention to common knowledge accessible to people living in New York City and state is presented in what follows, arranged both chronologically and by source.

#### A. Pre-1900: Tobacco and Addiction

Long before cigarettes came to dominate the American tobacco market in the early twentieth century, the belief that tobacco use generated dependency was a staple of popular thought in America. Writing his *Directions for a Candidate of the Ministry* in 1726, the famous Puritan clergyman Cotton Mather warned that "if once you get into the way of Smoking, there will be extreme hazard, of your becoming a Slave to the pipe; and ever insatiably craving for it."<sup>3</sup>

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<sup>2</sup> John A. Moore, How to Stop Cigarettes for Life (New York, 1964), 42.

<sup>3</sup> Cotton Mather, *Directions for a Candidate of the Ministry* (Boston, 1726), 46.

A hundred years later, John Quincy Adams, the former President of the United States, observed to Dr. S. H. Cox that "in my early youth I was addicted to tobacco in two of its mysteries--smoking and chewing. I was warned by a medical friend of the pernicious operation of this habit . . . and the advice of the physician was fortified by my own experience." Adams prayed that others would cease the habit and thereby "turn every acre of tobacco-land into a wheat-field, and add five years to the average human life."<sup>4</sup> The original of this famous letter is maintained in the New York City Public Library's George Arents Collection, one of the most important archives on tobacco and smoking in the world.

That Americans of the nineteenth century routinely used the metaphor of slavery and enslavement to describe tobacco's perceived habituating qualities. As Oliver Wendell Holmes expressed it in 1858: "Let me assure you, the stain of a reverie-breeding narcotic may strike deeper than you think for I have seen the green leaf of early promise grown brown before its time under such Nicotian regimen . . . at the cost of a brain enfeebled and a will enslaved."<sup>5</sup> The Rev. J. B. Wight echoed Holmes: "Such is this tobacco-slavery, and it numbers among its victims more persons than were ever captured in war in Attica or were brought from Africa in ships."<sup>6</sup>

In addition to equating tobacco use with slavery, Americans of the nineteenth century usually equated it with both alcohol and other narcotic drugs, again suggesting its capacity for addiction, a concept frequently employed:

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<sup>4</sup> John Quincy Adams to S. H. Cox, quoted in J. B. Wight, *Tobacco: Its Use and Abuse* (Columbia, South Carolina, 1889), 204-05.

<sup>5</sup> Oliver Wendell Holmes, *The Autocrat of the Breakfast Table* (Boston, 1858), 116.

<sup>6</sup> J. B. Wight, *Tobacco: Its Use and Abuse* (Columbia, South Carolina, 1889), 180.

—"The condition of those who habitually use tobacco may be expressed in the word 'drugged' . . . . Then they realize that they are bound in the chains of a nervous appetite . . . [that] makes them feel like slaves who rattle their chains, but know not how to snap the fetters that have been slowly twined around them."<sup>7</sup>

--"Indeed, tobacco and alcohol go hand in hand. One almost never finds a case of a man addicted to the use of intoxicating liquor who is not also an inveterate consumer of this narcotic."<sup>8</sup>

Beginning in the 1880's, the *New York Times* became a regular source of news accounts and opinion pieces that focused on the habit-forming character of tobacco consumption. Here are a few examples:

—"To suddenly and forever abandon tobacco seems to persons who . . . do not smoke one of the simplest and easiest things in the world, but, in point of fact, it is one of the hardest, and countless plans have been devised for aiding the smoker to break his chains by easy degrees."<sup>9</sup>

"It is very rare to find a man who is over-fond of spirits who is not addicted to tobacco."<sup>10</sup>

—"The tobacco was stopped, and then followed a season of derangement and visions, less

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<sup>7</sup> From *The Health Reformer*, 5 (1870), 291.

<sup>8</sup> Charlotte Smith Angstman, "The Power of the Tobacco Habit," *Good Health*, 33 (December 1898), 780.

<sup>9</sup> *New York Times*, March 25, 1880, page 4, column 5.

<sup>10</sup> *New York Times*, April 5, 1880, page 4, column 6.

intense and terrorizing than those belonging to the alcoholic frenzy."<sup>11</sup>

—"Cigarettes were at first regarded as an exclusively Turkish product and addiction to them was accounted a mark of personal distinction."<sup>12</sup>

—"Last week, determined to break up the habit which had so taken possession of the boy, his parents effectively shut him off from every source of tobacco."<sup>13</sup>

### **B. The Twentieth Century: Cigarettes and Addiction**

The triumph of the cigarette as the dominant form of tobacco use in the twentieth century generated a broad-based, popular opposition movement. Between 1900 and the 1990's, the anti-cigarette forces achieved notable success in curbing access to cigarettes, stigmatizing smokers, and reducing the incidence of smoking by tapping into the already existing themes of addiction and by increasing public awareness about the perceived health consequences of smoking. While the anti-cigarette movement achieved its greatest triumphs in the decades before World War I and again in the three decades since 1960, there has never been a time in this century when the American lacked popular information about the "addictive" character of cigarettes. These themes literally saturated popular culture, spread by newspapers, periodicals, self-help literature, school textbooks, official government reports, and motion pictures.

New York City became a major center of anti-smoking efforts from the turn of the

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<sup>11</sup> *New York Times*, April 8, 1882, page 4, column 3.

<sup>12</sup> *New York Times*, February 8, 1883, page 6, column 2.

<sup>13</sup> *New York Times*, September 27, 1890, page 3, column 3.

century through the 1920's, thanks largely to the efforts of Dr. Charles G. Pease, a dentist, who spearheaded the Non-Smokers Protective League. Pease and his followers secured a non-smoking ordinance for New York City's subways in 1909, a ruling that inspired the wrath of one New Yorker who urged others "to get the habit, to become, in fact, real nicotine-addicts."<sup>14</sup> When Congress failed to adopt a bill sponsored by Senator Smoot to prohibit smoking in all buildings used by the executive departments of the federal government, Pease turned his wrath on the entire Republican Party, symbolized for him by the late President McKinley. "Who is guilty of the greater crime," Pease asked New York newspaper readers, "President McKinley, who practiced the poison addiction [smoking] . . . to his own hurt . . . or the assassin who fired the shot?"<sup>15</sup>

Even during the years from 1930 to 1950, when anti-cigarette sentiment reached its lowest point in the twentieth century, those who continued to advocate regulation or abolition stressed the issue of addiction. In 1938, for example, *Consumer Reports*, a major national publication with large circulation in New York, assured its readers that "if you smoke merely to be sociable and don't crave a cigarette when you're alone, then you're not addicted to nicotine."<sup>16</sup> The landmark issue of the same magazine in 1953 took the addiction question to be self-evident: "The issue is not whether tobacco is habit forming--since everyone is agreed that it is. The issue

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<sup>14</sup> *New York Telegraph*, August 31, 1923. Pease also attempted to ban smoking from all Pullman cars in interstate commerce. He became notorious for making arrests himself of those caught violating the subway prohibition on smoking.

<sup>15</sup> *New York Tribune*, February 20, 1921. Pease appears to have believed that McKinley would have survived the attack 'had he not had a tobacco heart.'

<sup>16</sup> *Consumer Reports*, July 1938, 13.

is whether the tobacco habit is so harmful as to require a serious reduction in smoking or even complete abstinence."<sup>17</sup>

In short, the current focus in public policy and popular understanding on addiction and cigarette smoking is simply a reprise of very old concerns dating back nearly a century, themes that consistently singled out nicotine as the "addictive" agent in tobacco and equated the cigarette habit with drug dependency. Broken down by category, here are other representative examples, although space does not permit a full accounting of my research in these various forms of popular communication:

#### 1. Newspapers of General Circulation

New York Times—"Being an addict to the practice [of smoking] gives me a good chance of comparing the symptoms as discovered in others. . . . What causes the craving for more tobacco when one has become an addict to it many will ask. . . . The second is that once you have developed the stomach that craves the effects of tobacco, you have the same craving as when you are hungry, and then begin to call for more."<sup>18</sup>

Even before the landmark Surgeon General's Report in 1964 warned of health hazards of cigarette smoking, especially lung cancer, the New York newspapers routinely contained stories about such dangers, including addiction to nicotine. The health problems posed by cigarettes apparently knew few ideological boundaries, even during the height of the Cold War. The communist Daily Worker, for example, reporting on official opinion in Moscow,

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<sup>17</sup> "Cigarettes," *Consumer Reports* (February 1953), 74.

<sup>18</sup> *New York Times*, December 18, 1927, page 3,5, col. 1.

called smoking "a noxious habit" in 1955, because it deposited in the lungs "a lethal dose of nicotine" in addition to damaging the nerves, stomach, heart, memory, and legs.<sup>19</sup>

New York's leading newspapers gave extensive coverage to anti-cigarette advocates in the 1950's. Dr. Alton Ochsner, a long-time critic, denounced filter-tipped cigarettes in 1957 and urged the manufacturers to produce tobacco without nicotine. This was not done, Ochsner claimed, "because [nicotine] that's what gives the smoker a boost."<sup>20</sup> Dr. Harvey Flack, editor of the British Medical Association Magazine told New Yorkers there had been little change in smoking habits: "It is difficult to give up smoking," he lamented. "It is easier never to start."<sup>21</sup>

In a featured story in 1961, "Smoking: A Growing Problem Among Teens," the New York World Telegram and Sun concluded, "A smoking parent might explain to a teen-ager that he got into the grip of the habit before all the facts were known. 'I wish I were able to give it up,' the parent might say. 'The fact that I don't seem to be able to stop is another good reason for you not to establish the habit yourself.'"<sup>22</sup> A year later, the paper reported on a workshop sponsored by New York University aimed at reinforcing "attitudes against acquiring the [cigarette] habit" among the city's adolescents.<sup>23</sup>

Once the 1964 Surgeon General's Report asserted a link between cigarettes and lung cancer, New York's major newspapers became saturated with reports and columns about the

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<sup>19</sup> *Daily Worker*, January 13, 1955.

<sup>20</sup> *New York World Telegram and Sun*, July 11, 1957.

<sup>21</sup> *New York World Telegram and Sun*, December 12, 1959.

<sup>22</sup> *New York World Telegram and Sun*, June 24, 1961.

<sup>23</sup> *New York World Telegram and Sun*, Ageist, 1962.

dangers of addiction and the difficulties of breaking the habit. The New York Daily News, for example, reported that some doctors believed the new federal labeling law might become "an added deterrent for non-smokers to remain unaddicted, but it probably won't cause smokers to stop smoking in any significant numbers"<sup>24</sup>

Dr. Theodore Van Dellen offered Daily News readers a regular column of advice from the "Family Doctor" during the 1960's and 70's, with much of his attention focused on the issue of overcoming the smoking habit:

--"It is not always easy to stop smoking," he told readers in 1963. "There is no known drug or combination of drugs that can cure or overcome the tobacco habit. . . . They cut down, switch to cigars or a pipe or stop buying cigarettes. But despite these shenanigans, the habit persists."<sup>25</sup>

"It is difficult to quit because the [cigarette] habit is so well established," he reaffirmed a few years later.<sup>26</sup> By the early 1970's, Dr. Van Dellen was comparing cigarette addiction to the dangers of hard drugs. "If the mother is a morphine addict, the baby usually becomes addicted while in the uterus. . . . Nicotine also passes into the fetal circulation via the placenta," he cautioned.<sup>27</sup>

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<sup>24</sup> *New York Daily News*, January 9, 1966.

<sup>25</sup> Dr. Theodore Van Dellen, "You Can Stop Smoking, But It Isn't Easy," *New York Daily News*, December 19, 1963.

<sup>26</sup> Dr. Theodore Van Dellen, "They Would Rather Switch Than Fight Cigaret Habit," *New York Daily News*, February 5, 1968.

<sup>27</sup> Dr. Theodore Van Dellen, "Smoking and Pregnancy," *New York Daily News*, July 6, 1971.



The New York press was hardly alone in warning of the dangers of addiction to cigarettes before and after the Surgeon General's Report in 1963. Here are a few examples from other major metropolitan newspapers:

--*Baton Rouge Morning-Advocate*--"It is common belief that women are as much or even more addicted to cigarette smoking than men."<sup>28</sup>

--*New Orleans Times-Picayune*--He [Dr. Alton Ochsner, a leading anti-cigarette crusader from the 1930's until his death in the 1980's] believes that there are smoking addicts and defined an addict as 'one not being able to give up a habit.'<sup>29</sup>

--*New Orleans Times-Picayune*--"There is no habit harder to break than tobacco."<sup>30</sup>

## 2. General Periodicals and Magazines

Few New Yorkers could escape the influence of Time, Life, Newsweek, Reader's Digest, or Good Housekeeping, where smoking and cigarette "addiction" became featured articles, even before 1963.

Newsweek informed its readers in 1934 about the experiments of Howard W. Haggard and Leon Greenberg, two Yale University scientists, whose research "clarifies man's craving for nicotine."<sup>31</sup> And two years later, for example, Time reported on the anti-smoking efforts of Dr. John Lanahan Dorsey at Johns Hopkins University. Dr. Dorsey, the magazine noted, "considers a 'real addict' a person who smokes 20 to 50 cigarettes a day." He attempted to cure his patients

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<sup>28</sup> *Baton Rouge [Louisiana] Morning Advocate*, October 30, 1949, p. 10.

<sup>29</sup> *New Orleans [Louisiana] Times-Picayune*, September 22, 1960, p. 3.

<sup>30</sup> *New Orleans Times-Picayune*, May 2, 1969, p. 21.

<sup>31</sup> *Newsweek*, February 24, 1934, 36.

of the habit with lobeline, "a drug which . . . affects the human system almost exactly as nicotine does," but "is not habit-forming as is nicotine."<sup>32</sup>

*Life* asked its readers in 1954, "How Do I Swear Off?" and offered the following somewhat contradictory observations: "While tobacco in the medical sense is not addictive or habit forming, it often has an iron grip on its habitual users." The magazine concluded that "the difficulties of giving up smoking have been so widely discussed, many smokers believe it is virtually impossible."<sup>33</sup>

Four years later, the same magazine reported on the ordeal of "British Addicts" who suffered through an anti-smoking experiment organized by Hubert Little, head of England's Society of Non-Smokers. The Society's president Lennox Johnson told the participants: "Tobacco is a drug. . . . The drugged, poisoned addict lives in a state of intermittent intoxication."<sup>34</sup>

In reporting on the efforts of famed journalist Joseph Alsop to stop smoking in the early 1970's, *Time* wondered whether smoking was an "incurable addiction." The magazine noted that Arizona had passed the first state law banning smoking in public places, but the magazine doubted its impact "on those now addicted to nicotine."<sup>35</sup> In addition, Jack White wrote for the magazine in 1988 his "Confessions of a Nicotine Freak." White admitted to being "a slave to

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<sup>32</sup> "Indian Tobacco and Tobacco," *Time*, December 21, 1936, 23-24.

<sup>33</sup> "The Week's Topic A: How Do I Swear Off?" *Life*, July 5, 1954, 27-28

<sup>34</sup> "Doomed to a Smokeless Agony: British Addicts Gasp Nobly Through Antitobacco Experiment," *Life*, November 17, 1958, 70.

<sup>35</sup> "Incurable Addiction?," *Time*, September 24, 1973, 90-91.

cigarettes," and one of many "nicotine freaks who have tried repeated to kick the habit and failed."

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Good Housekeeping presented the tales of ten famous "former cigarette addicts" who had licked the habit by 1974 as well as the stories of three others who had not succeeded. Singer Johnny Mathis reported it "one of the hardest things I've ever had to do." Nancy Walter said she stopped for only four days, "but I went bonkers. . . . What would it take to get me off now? A death threat." And comedian Shelley Berman, while believing his "stupid and self-defeating habit" to be suicidal, confessed "it's hard to work up the strength to fight free again."<sup>37</sup>

Magazines with a specific focus upon health and hygiene problems, of course, regularly addressed the issues of smoking and addiction before the Surgeon General's 1988 Report. In its regular column "Your Government and Your Health," the magazine Prevention in 1980 recorded the views of William Pollin, the "top drug abuse scientist" of the federal government, who warned that "there is increasing scientific evidence that cigarettes are both physically and psychologically addictive in the same sense as heroin or morphine."<sup>38</sup> Pollin reiterated these views to Prevention readers a few years later, when he described cigarette smoking as "the most widespread example of drug dependence in this country."<sup>39</sup>

Four years before an official declaration by the United States government, Prevention

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<sup>36</sup> Jack E. White, "Confessions of a Nicotine Freak," *Time*, April 18, 1988.

<sup>37</sup> "Ten Famous Former Cigarette Addicts Tell 'How I Quit Smoking'—And Three Others Confess They Couldn't Make It," *Good Housekeeping*, November 1974, 110, 268.

<sup>38</sup> "Advisory Group Wants 'Addictive' Label on Cigarettes," *Prevention*, December 1980, 167.

<sup>39</sup> "Smoking is a 'Drug Dependence,'" *Prevention*, November 1983, 170.

declared "smoking is a medical addiction and can be as difficult to kick as heroin or alcohol."<sup>40</sup>

In the early 90's, again equating hard drugs and cigarettes, the magazine reminded readers that "in addictions relapse is a constant concern. Recovery is a lifelong process."<sup>41</sup>

But of all the mass circulation magazines in twentieth-century America, none could match Reader's Digest, published in Pleasantville, New York, for its sustained coverage of health problems posed by cigarettes. Long before the lung cancer alarm of the 1950's and 60's, the most widely-read magazine in the land called attention to the perceived addictive nature of cigarettes.

*Reader's Digest*—"In short, tobacco acts as a narcotic poison, like opium and like alcohol, though usually in a less degree."<sup>42</sup>

*Reader's Digest*—"Sooner or later, nearly every cigarette smoker discovers that he is not smoking by choice but by habit, and that the habit is probably harmful. So he tries to break free of it, but finds that he doesn't know how. Sometimes half-heartedly, sometimes earnestly, he wrestles with his addiction—but in vain."<sup>43</sup>

Consumer Reports, the bible of American consumers, also did not await upon government reports before advancing the following warning: "Most smokers," according to the magazine, "will no doubt continue to smoke the major advertised brands, and to agree with the

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<sup>40</sup> "Quit Smoking Strategies That Really Work," *Prevention*, September 1984, 55.

<sup>41</sup> "Entering the No-Smoking Century," *Prevention*, January 1990, 51, 121.

<sup>42</sup> Irving Fisher, "Does Tobacco Injure the Human Body?" *Reader's Digest*, November 19, 1924, 436.

<sup>43</sup> Henry C. Link, "So You're Going to Stop Smoking?" *Reader's Digest*, August 1938, 17.

late President William Allen Neilson of Smith College, who defined smoking as 'a dirty, expensive, and unhygienic habit--to which I myself am addicted.'<sup>44</sup>

### 3. School Health Education Textbooks

From the beginnings of anti-tobacco and anti-cigarette activism in the nineteenth century, reformers and government officials focused much of their attention upon keeping these products away from children and adolescents. Apart from legal prohibitions, the most pervasive tool of prevention became the textbooks adopted for use in public schools. State-approved health textbooks in New York from the turn of the century to the present, most published in New York, placed much emphasis upon tobacco, often linking its use to other narcotics and stressing its addictive potential. Some of the most widely used of these volumes in New York schools and elsewhere stressed the relationship between cigarettes, nicotine, and addiction very early:

*Health: Public and Personal*--"Now that the prohibition laws have restricted the use of alcohol, tobacco remains the prevailing narcotic drug."<sup>45</sup>

*Health and Human Welfare*--"Tobacco, too, is a habit-forming narcotic. It contains a deadly drug called nicotine, part of which is absorbed when tobacco is used."<sup>46</sup> In his later 1944 edition, adopted in New York state, Burkhard affirmed that "tobacco has been used as

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<sup>44</sup> *Consumer Reports*, January 1949, 35.

<sup>45</sup> Ralph E. Blount, *Health: Public and Personal* (Allyn and Bacon, 1930), 95.

<sup>46</sup> William E. Burkhard, et al., *Health and Human Welfare: A Health Text for Secondard Schools* (Lyons and Carnahan, 1931), 478.

a sedative or narcotic over a large geographical area and among a greater number of people than any similar substance. Tobacco is a comparatively mild narcotic. . . . Nicotine, however, is especially potent."<sup>47</sup> And by 1950, Burkhard's revised textbook concluded: "Tobacco is dangerous, too, in that it is habit forming. In time the practice of smoking takes a strong hold upon the smoker, forcing him to smoke more and more until he becomes an excessive smoker."<sup>48</sup>

*Building Good Health*—"There are a number of harmful drugs in tobacco, but the principal one is nicotine. . . . If a person is used to smoking a great deal, it is hard for him to stop smoking when for any reason it becomes necessary to give up the habit."<sup>49</sup>

*Modern Health*—"Tobacco is strongly habit-forming. . . . Moderate smokers don't crave a smoke. Heavy smokers do. This is an adjustment of the body to nicotine. The heavy smoker feels it when he hasn't smoked his regular quota."<sup>50</sup>

*Health and Safety for You*—"A person may start smoking for any one of many reasons. He continues because he has developed the habit. Smoking leads to a strong addiction to tobacco which is very difficult to overcome."<sup>51</sup>

In addition, New York curriculum guidelines required administrators and teachers to inform students of smoking's perils:

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<sup>47</sup> William E. Burkard, et al., *Health and Human Welfare: A Health Text for Secondard Schools* (Lyons and Carnahan, 1941), 492.

<sup>48</sup> William E. Burkard, et al., *Health for Young Americans* (Lyons and Carnahan, 1950), 302.

<sup>49</sup> J. Mace Andress, et al., *Building Good Health* (Ginn and Co., 1939), 119.

<sup>50</sup> James H. Otto, Cloyd J. Julian, et al., *Modern Health* (Henry Holt and Co., 1959), 136.

<sup>51</sup> Harold S. Diehl, et al., *Health and Safety for You* (McGraw-Hill, 1975), 96.

The Teaching of Health in the New York Elementary Schools--"It is a matter of importance and a definite responsibility of the school that educational guidance concerning the use of stimulants and narcotics be included in the health education curriculum. . . . The objective in this phase of the child health program is to guide children's behavior to the end that they may abstain from the use of stimulants, alcoholic beverages, tobacco and other narcotics during the growing period."<sup>52</sup>

Health Teaching for the Junior and Senior High Schools in New York--"Through reading, consulting scientific authorities and classroom discussions, consider the following questions and problems related to tobacco and its use: a. What is the narcotic substance found in the leaves of the tobacco plant, in cigarettes, cigars, tobacco, and snuff?"<sup>53</sup>

New York City's Board of Education in the early 1960's required its secondary teachers to instruct students in the factors that motivated people to smoke. Teachers were encouraged to bring doctors into the classroom, who would speak specifically on the "habit-forming characteristics of nicotine."<sup>54</sup>

#### 4. Advice and Confessional Literature

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<sup>52</sup>University of the State of New York Bulletin, No. 1090, April 15, 1936, "A Guide to the Teaching of Health in the Elementary School."

<sup>53</sup>*Health Teaching Syllabus for the Junior and Senior High School*, Health Education Series Bulletin No. 3, the University of the State of New York Press, 1955.

<sup>54</sup>"Health Teaching in Secondary Schools," Curriculum Bulletin No. 6, 1960-61, Board of Education, City of New York.

The number of books written by doctors, psychologists, and ex-smokers on the subject of how to quit smoking, many of them published by New York companies, would fill an entire bookcase and is further evidence of the extensive variety of sources of information about the difficulties of giving up the habit which were available to members of the class. And given the number of smokers who hoped to break their addiction, the market for these books has appeared inexhaustible for much of the twentieth century and especially since the 1950's. From reading the books in this popular genre, readers could not avoid believing that cigarette smoking was addictive.

Max MacLevy—"Nicotine--the most active drug in tobacco--is insidiously powerful. It gains a peculiar hold upon its victim, often stronger than alcohol. . . . The man who has an unconquerable tobacco habit must constantly have his poison in some form, or suffer."<sup>55</sup>

C. Aubrey Hearn—"In 1945, during the cigarette shortage, hundreds of people would stand in line for hours waiting to buy a pack of cigarettes. Sometimes people would spend several hours a day making the rounds of all available stores in order to buy cigarettes. A friend said to me: 'I never thought a man would walk a mile for a smoke, but during the cigarette shortage I saw it done many times.' During the cigarette shortage a real estate dealer in Florida offered to swap a city lot for fifteen cartons of cigarettes. He admitted that he had more lots than will power."<sup>56</sup>

Stewart Alsop—"You must be convinced that your enslavement to tobacco is

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<sup>55</sup> Max MacLevy, *Tobacco Habit Easily Conquered* (Albro Society, 1916), 10.

<sup>56</sup> C. Aubrey Hearn, *What About Smoking? A Brief Common-Sense Discussion* (School and College Service, 1950), 27.



reducing your vitality, your enjoyment of life, and even your life expectancy. . . . You must really want to escape the slavery. . . . You must know that, if you cheat a little, you'll cheat a lot, and sooner or later you'll be a slave again."<sup>57</sup>

Ben Petmecky—"I think I'm going to become a chewing gum addict. Yes, I've managed to stop smoking, but that's because I'm fighting the habit, primarily, and not because I've been cured of the desire. I can be strong enough to stop, but I dread the thought of going the rest of my life like this, gritting my teeth to try and relieve the craving to suck, the deep, urgent command my mind will never let me forget."<sup>58</sup>

Zalman Amit and E. Ann Sutherland—"Every year, at least 1,000,000 people in the United States and Canada will try to give up smoking. Most of them have tried before, and most of them will try again. They will try quitting 'cold turkey,' on personal will power alone. Or they will try patented smoking 'cures,' pills and filters, hypnosis, psychotherapy, group programs. They may stop smoking for a day, a week, a year. But very few will never smoke again. It's hard to give up smoking."<sup>59</sup>

## 5. Governmental Information and Initiatives

Efforts by state, local, and national government to focus attention upon health-related problems of smoking did not begin suddenly in the 1960's and 70's with Surgeon General reports

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<sup>57</sup> Stewart Alsop, "How I Stopped Smoking," *Reader's Digest*, November 1954, 29.

<sup>58</sup> Ben Petmecky, *Confessions of a Tobacco Addict* (Doubleday & Co., 1962), 190-91.

<sup>59</sup> Zalman Amit and E. Ann Sutherland, *Stop Smoking for Good* (Walker and Co., 1976),

and mandated warning labels on cigarettes. State and local government restricted sales to minors early in this century; fourteen states banned cigarettes entirely before and immediately after World War I. Senator Reed Smoot of Utah led the campaign at the federal level. He sought to prohibit smoking in all federal buildings on the executive branch as early as 1921 and later in the decade sponsored legislation to place tobacco products under the jurisdiction of the Food and Drug Administration.

The lung cancer scare of the 1950's and 60's, combined with battles over cigarette labeling raised dramatically the level of involvement with issues of smoking and addiction. Government leaders in New York state and city were among the most active in alerting the public to these dangers. The New York State Senate created a special committee on smoking and health in 1964, chaired by Senator Edward J. Speno. Testifying before that committee, Dr. Morton Levin, chairman of Roswell Park Memorial Institute's Cigarette Cancer Committee, was asked whether cigarette smoking could be defined as a habit or addiction. "It's an addiction for some people," he concluded, "it's an addiction in the sense that they are unable to control their smoking even if they wished to."<sup>60</sup>

The special committee's official report concluded that cigarettes had been "convicted of the mass murder of American citizens" and branded them "a deadly poison and a lethal weapon and an addiction for many."<sup>61</sup> Senator Simon Liebowitz, a member of the committee, offered the

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<sup>60</sup> New York State Senate, Special Committee on Smoking and Health (Albany, 1964), 20.

<sup>61</sup> Ibid., 9.

separate opinion that "smokers of cigarettes are habituated or addicted to smoking."<sup>62</sup> Chairman Speno, noting that even Sigmund Freud, the great scientist of the mind could not control his habit, concluded that "a key question in the cigarette complex is how to break addiction."<sup>63</sup>

In the wake of the 1964 Surgeon General's Report, the New York City Health Department swung into action with a city-wide anti-smoking campaign that included institutes and clinics designed to fight the cigarette "addiction."<sup>64</sup> The Health Department also focused much of the space in its publication, "Spotlight on Health" on encouraging the city's smokers to give up cigarettes.

"Tried to break the cigarette habit but failed by yourself? Why not get free professional, and proven effective help by attending the Third Semi-Annual Stop Smoking Clinic at Cathedral High School. . . . Remember those who quit smoking can live longer."<sup>65</sup>

During House and Senate debates following publication of the Surgeon General's Report in 1963, those who hoped to place warning labels on cigarettes or place the product under the authority of the Food and Drug Administration often invoked addiction as the justification for their legislation. The tobacco industry, according to Representative Morris K. Udall, pursued a "never ceasing quest for new addicts."<sup>66</sup> Senator Frank Church of Idaho proclaimed no desire to

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<sup>62</sup> Ibid., 11.

<sup>63</sup> Ibid., 15.

<sup>64</sup> New York City Department of Health, *Report on Anti-Smoking Institutes and Clinics*, July 1, 1965, Municipal Reference and Research Library.

<sup>65</sup> New York City Department of Health, "Spotlight on Health," Vol 3, No. 9 (September 1967). See also "Spotlight on Health," Vol 2, No. 9 (October 1966).

<sup>66</sup> *Congressional Record*, 88th Cong., 1 Sess., June 5, 1963, Vol 109, part 8, 3620.

limit the right of adults to smoke, but "it is clear that cigarette smoking for many people is an addiction, especially if it is begun in youth."<sup>67</sup>

Responding to the views of Senator Church and other political leaders, the U.S.

Children's Bureau launched a nation-wide anti-smoking campaign aimed at school children in the elementary and secondary grades. The difficulty of breaking the cigarette habit became a principal theme of these pamphlets:

--"Some people can't stop biting their fingernails. This is a bad habit and it is hard to stop it. Cigarettes are bad habits. Many people get used to smoking them and then find it is very hard to stop."<sup>68</sup>

"The habit gets a strong hold on some smokers. . . . Most adults began to smoke before they knew of its dangers. But now for many of them, the habit is too strong. Even if they want to stop, they can't."<sup>69</sup>

From the debate over filter-tipped cigarettes in 1950's up to the present decade, every proposed piece of federal legislation relating to cigarettes has brought forth a deluge of testimony concerning the perceived addictive nature of the product. A complete inventory of each and every such comment in hearings and the Congressional Record would fill a large book in itself. Here is a representative sample:

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<sup>67</sup> *Congressional Record*, 88th Cong., 1 Sess., November 20, 1963, Vol 109, part 17, 22483.

<sup>68</sup> U.S. Children's Bureau, "Why Nick the Cigarette Is Nobody's Friend," Publication No. 447, 1966.

<sup>69</sup> U.S. Children's Bureau, "A Light on the Subject of Smoking," Publication No. 448, 1966.

Roy Norr—"I am concerned about addicts created by the cigarette industry.

Medical history is full of cases where men have lost a leg or an arm due to Berger's disease, but yet insisted upon smoking."<sup>70</sup>

Congressman Morris Udall—"I do not think we are going to make too much change in the older generation, the people that have established this habit. The doctors have found that it is extremely difficult to break this, even with the best psychiatric and scientific knowledge that we have."<sup>71</sup>

Congressman Edward Koch of New York—"There is a strong body of medical opinion which believes that cigarette smoking is not only psychologically but physiologically addictive, comparable to heroin addiction. . . . And if as I believe it will be established that such is the case, then there ought to be legislation which would require that the warning on the pack of cigarettes also indicate the danger of addiction."<sup>72</sup>

Congressman Jim Slattery—"I think that the purchaser of cigarettes should understand and be told, when they purchase a pack of cigarettes, that they are buying a product that has an addictive narcotic in it, nicotine. . . . I do not think we should play games with what

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<sup>70</sup> Testimony before a subcommittee of the Committee on Government Operations, House of Representatives, 85th Cong., 1 Sess., "False and Misleading Advertising—Filter-Tip Cigarettes," July 1957.

<sup>71</sup> Hearings before the Committee on Interstate and Foreign Commerce, House of Representatives, "Cigarette Labeling and Advertising," 1965, 28.

<sup>72</sup> Hearings before the Committee on Interstate and Foreign Commerce, House of Representatives, 91st Cong., 1 Sess., 1969, "Cigarette Labeling and Advertising," Part I, 47.

nicotine really is. It is an addictive narcotic, and we should label it for what it is."<sup>73</sup>

## 7. Cartoons and Motion Pictures

As early as the 1940's, nationally-distributed Hollywood cartoons warned audiences of the dangers of cigarette addiction. In Walt Disney's "No Smoking" (1947), for example, Goofy attempts to give up the dirty and annoying habit, but finds it very difficult to do so. He is addicted in the popular sense, capable of doing almost anything for a cigarette, which he refers to often as a "nail" or a "weed." Goofy's battle against the habit continues to reach young audiences today through reruns on the Disney Channel and the Cartoon Channel. Likewise in the 1954 cartoon, "No Ifs Ands or Butts," the Cat follows the advice of Dr. Nicotine, who recommends a Crow salad as the best cure for the cigarette habit. The Cat fails to catch Buzzy the Crow, however, who seeks to help him with his addiction: "Will power! Will power!" Buzzy pleads, but the Cat confesses: "I've still got the habit."

From New York City to San Francisco, major motion pictures from Hitchcock's "Saboteur" in 1942 to the more contemporary "Cold Turkey" (1971) and "Blue in the Face" (1996) have frequently reaffirmed popular cultural understandings and stereotypes about the addictive nature of the cigarette habit:

--In "Saboteur," the hero, Robert Cummings hitches a ride with a truck driver who asked him to take the wheel while he lights up a cigarette. He tells Cummings, matter-of-factly: "I'm a nicotine addict."

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<sup>73</sup> Hearings before the Subcommittee on Transportation and Hazardous Materials of the Committee on Energy and Commerce, House of Representatives, 100 Cong., 1st Sess., "Tobacco Issues," Part II, November 1989, 175.

--In "Mr. Peabody and the Mermaid" (1948), Clinton Sunberg informs his bar companion, William Powell, that the doctor has advised him to quit smoking. "How long," Powell asks. "Just 'till I go crazy," Sunberg replies.

--In "Damn Yankees" (1958), Russ Brown advises Tab Hunter that "the only thing that comes easy is the cigarette trick. Now I'm trying to break myself of the filthy habit."

--Norman Lear's "Cold Turkey" (1971) remains the quintessential comic treatment of cigarette addiction, as the entire town of Eagle Rock attempts, usually without great success, to kick the habit for thirty days in order to win a \$25-million prize put up by a major tobacco company. Despite the heroic efforts of the Rev. Clayton Brooks (Dick Van Dyke), most Eagle Rock residents like Jean Stapleton remain enslaved to their cigarettes and adopt various strategies to conceal their addiction.

--In "Blue in the Face," the sequel to the much-acclaimed "Up in Smoke," most patrons of Harvey Keitel's Brooklyn tobacco shop remain heavy smokers. When one brave soul attempts to abandon the habit after many years, he engages Keitel in a long and moving reverie about both the pleasures of smoking and the ordeal of giving it up.

#### Television Reporting and Documentaries

With their headquarters and major studios in New York City, the nation's big three television networks (CBS, ABC, and NBC) through their news reporting, documentaries, and talk shows became a primary sources of information about cigarettes and public health beginning in the 1950's and thereafter. The theme of addiction was conveyed from the beginning.

In 1957, before an audience of millions, the nation's greatest World War II hero and

perhaps its most popular post-war President, confessed that not smoking had been one of his toughest battles, even after a heart attack. "I'm a little like the fellow who said I don't know whether I'll start again," Dwight Eisenhower told reporters at his press conference, "but I'll never stop again."<sup>74</sup>

Two years earlier, in his famous two-part 1955 "See It Now" program that examined the link between smoking and lung cancer, the legendary Edward R. Murrow, constantly puffing away on his ever-present cigarette, interviewed doctors and scientists on both sides of the raging debate. Harry Reasoner told a "60 Minutes" audience in 1984, that all of his friends began smoking as teenagers "and they couldn't stop." This episode of "60 Minutes" also told the story of a conflict inside the Massachusetts Department of Public Welfare between employees who sued to prevent all smoking in the office and Judy Canon, another employee, who claimed she was "addicted" to cigarettes and could not break the habit.<sup>75</sup>

In 1968, CBS and Mike Wallace invited viewers to take their National Smoking Test. The central questions to which viewers were to respond "seldom," "occasionally," or "frequently," all centered on addiction: (1) "When I run out of cigarettes I find it almost unbearable until I get one?" and (2) "I get a real craving for a cigarette when I haven't smoked one for awhile." Dr. Daniel Horn, a leading anti-smoking researcher and advocate, told the CBS audience that "psychological addiction" appeared to be as important as the ingredients in

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<sup>74</sup> President Dwight Eisenhower Press Conference (1957).

<sup>75</sup> "No Smoking," on "60 Minutes" (1984).



cigarettes themselves.<sup>76</sup>

Another addition of "60 Minutes" in 1985, "Cigarettes and the Public Health," lamented that the anti-smoking campaign had not curbed the nation's appetite for cigarettes. The celebrated actress Geraldine Fitzgerald, speaking on behalf of nicotine's opponents, confessed "I was an addict. I used to smoke 60 cigarettes a day."<sup>77</sup> That same year on a "Face the Nation" segment concerning second-hand smoke, reporter Leslie Stahl observed that despite evidence that cigarette smoking causes lung cancer, contributes to heart attacks, "and is addictive," 30% of the American public continued to indulge in the habit.<sup>78</sup>

### Conclusion

Historians must be selective in the use of evidence. Whether one writes political or social history, the vanished past can never be recaptured in its entirety. But the necessity for selection becomes an aid to the faithful recreation of past events and attitudes when done with full awareness of these limitations. The above examples could be expanded upon many times, because they represent but a fraction of the research I have conducted. But in my opinion they constitute persuasive evidence sufficient to demonstrate that for over two hundred years

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<sup>76</sup> "National Smoking Test," CBS News (1968).

<sup>77</sup> "Cigarettes and the Public's Health," 60 Minutes (1985).

<sup>78</sup> "Passive Smoking and Second-Hand Smoke," Face the Nation (1985).

information regarding the habit-forming and/or addictive nature of smoking was widely available through a variety of sources throughout New York state and American society generally.

I declare under penalty of perjury that the foregoing is true and correct and that I executed this affidavit on December 5, 1996 at San Diego, California.

  
Michael E. Parrish  
Professor of History

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County of San Diego

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personally appeared Michael E Parrish  
NAME(S) OF SIGNER(S)

☐ personally known to me - OR - ☒ proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



WITNESS my hand and official seal.

Judi DiBenedetto  
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Woodrow Wilson Fellowship, 1964-65

Woodrow Wilson Dissertation Fellowship, 1967

American Council of Learned Societies Fellowship, 1973

National Endowment for the Humanities Fellowship, 1974

Liberal Arts Fellow, Harvard Law School, 1974

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American Historical Association

Ninth Judicial Circuit Historical Society

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Teaching Fellow, Yale University, New Haven, 1967-68

Assistant Professor of History, University of California, San Diego, 1968-73

Associate Professor of History, University of California, San Diego, 1973-1981

Professor of History, University of California, San Diego, 1981-present

Lecturer, Johns Hopkins Center for Chinese and American Studies, Nanjing, China,  
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Chairman, Department of History, University of California, San Diego, 1985-88.

Director, Urban Studies and Planning Program, University of California, San Diego.

Member, Committee on Academic Personnel, University of California, San Diego, 1976-78, 80-81.

Member, Committee on Educational Policy, University of California, San Diego, 1975-76, 1979-80.

Member, Executive and Policy Committee, Academic Senate, University of California, San Diego, 1982-84.

Chairman, Select Faculty Committee on UCSD Law School, 1984.

Chairman, Faculty-Administrative Committee on Subject A and English Composition, University of California, San Diego, 1985.

Divisional Representative, All-UC Academic Assembly, 1983-85, the state-wide legislative body of the UC faculty.

Member, Committee on Committees, Academic Senate, 1992-95

## PUBLIC SERVICE

Member, Encinitas Union Elementary School District, elected to four year term, 1971-75

Director, San Diego County Water Authority.

Trustee, Children's School, LaJolla, California.

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## TEACHING FIELDS

American Legal History

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## BIBLIOGRAPHY

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### Articles

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#### Selected Review Articles & Book Reviews

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Michael E. Parrish, "Earl Warren and the American Judicial Tradition," American Bar Foundation Research Journal (Winter, 1982), 45-67.

Michael E. Parrish, "The Sacco-Vanzetti Case Revisited," American Bar Foundation Research Journal (Summer, 1987), 575-89.

Michael E. Parrish, "Frank Murphy: The Washington Years," Constitutional Commentary, 2 (Summer, 1985), 463-69.

Michael E. Parrish, "Brandeis," a Review of Brandeis by Lewis J. Paper in Constitutional Commentary, 1 (Summer, 1984), 370-75.

Michael E. Parrish, Review of Richard Polenberg's Fighting Faiths in Constitutional Commentary, 6 (Winter, 1989), 190-94.

Other book reviews have appeared in The American Historical Review, Reviews in American History, The American Journal of Legal History, The Pacific Northwest Quarterly Review, The Journal of American History, and the Los Angeles Times.

## WORK IN PROGRESS

### I. Books

Michael E. Parrish, The Lion of Liberalism: Joseph L. Rauh, Jr. and His Times (New York, W. W. Norton, sometime in mid 1990s).

Michael E. Parrish, The Supreme Court from Stone to Rhenquist (Harlan-Davidson, sometime in late 1990's).

### SELECTED PROFESSIONAL CONFERENCES

Participant, First Berkeley Seminar on Federalism, 1987.

"Felix Frankfurter and American Federalism," Second Berkeley Seminar on Federalism, 1988.

Chairman-Director, "The State of American Legal History," a Conference Sponsored by the UC Humanities Institute and UCSD, LaJolla, October 1988.

"Felix Frankfurter and the Warren Court," Georgetown University Conference on the Warren Court, February, 1990.

"Coolidge and the Coolidge Era," Library of Congress, Washington, D. C., 1995.

"New Deal and the Supreme Court," Legal History Society, Houston, 1995.

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**AFFIDAVIT**

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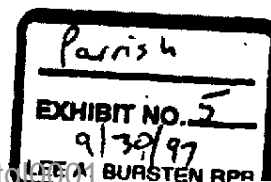
**STATE OF KANSAS**

**COUNTY OF DOUGLAS**

Theodore A. Wilson, being duly sworn, says and deposes:

1. My name is Theodore A. Wilson. I am Professor of History at the University of Kansas, Lawrence, Kansas, having served on its faculty since 1965. I hold a B.A. in History and Political Science (Indiana University, 1962), M.A. in History (Indiana University, 1963), and Ph.D. in American History (Indiana University, 1966). I have held research fellowships and visiting professorships in such institutions as the Harry S. Truman Presidential Library Institute, the U.S. Army Center for Military History, and University College-Dublin. My teaching, research, and publications embrace political, social, economic, and military history, especially during the eras of World War II and the Cold War. I am the author, co-author, or editor of seven books and numerous articles dealing with historical subjects and, immodestly, claim expert knowledge of the political and social history of the United States in the 20th century.

2. I have been asked to research popular awareness about and the public's understanding of the addictive and health-threatening effects of cigarette smoking.



Making use of research assistants with graduate training in history and history/library science, I have been pursuing research in published sources (books, scholarly articles, periodicals, newspapers, and compilations of government records) and in archival collections and personal papers at the national level and, more particularly, in Ohio bearing upon popular awareness and the public's understanding of smoking's addictive and health-threatening aspects over the past two centuries. For the purposes of this affidavit, my research and conclusions deal primarily with the issue of popular awareness regarding the addictive nature and health-threatening effects of cigarette smoking in the state of Ohio and the United States during the 20th century.

3. Widespread and continuing awareness within American society and in Ohio of the health-threatening effects and addictive character of smoking cigarettes is documented in such sources as newspapers and periodicals, including publications of leading anti-smoking groups; federal and state records (state legislative hearings, congressional hearings, federal executive agencies, and state and local public health departments); texts and publications used in public schools and distributed by religious and eleemosynary organizations; diaries, memoirs, and autobiographies; unpublished writings and correspondence of anti-smoking advocates, physicians, scientists, and political leaders; and radio and television news programs and documentaries, motion pictures, and cartoons. Space does not permit inclusion of more than a fraction of the material unearthed that relates to this subject.

4. The public's cognizance that smoking had health and life-threatening consequences and that there existed a likely connection between smoking and addiction are deeply ingrained in American culture. The emergence in America of the cigarette as the form chosen by most tobacco users was paralleled by an aggressive and broadly-based popular opposition movement. Indeed, between 1900 and the 1990s, anti-smoking advocates succeeded in curbing access to cigarettes, in stigmatizing the act of smoking, and in reducing the incidence of smoking by characterizing this act as addictive behavior and by greatly enhancing public awareness about smoking's presumed health consequences. Even though the numbers of Americans smoking cigarettes increased significantly in the late 19th and the first part of the 20th century, information about its addictive and health-threatening effects has pervaded American society throughout the 20th century, disseminated by newspapers, periodicals, textbooks, self-help literature, official reports, and such paradigms of popular culture as films and television programs. When exploring popular understanding about a subject such as cigarettes, health, and addiction, historians keep in mind the distinction between what trained scientists knew and expressed and what the man or woman in the street assumed to be the truth of the matter.

5. Long before the 20th century dawned, warnings about the injurious and addictive effects of smoking were widely circulated. One of the first known condemnations of tobacco, King James I's A Counterblaste to Tobacco (1604) stressed tobacco's harmful effects on both the human body and the will, thus

setting the tone for the vast bulk of anti-smoking discourse until recent times. The Puritan divine, Cotton Mather, in Manuductio ad Ministerium: Directions for a Candidate of the Ministry, remarked that "if once you get into the way of Smoking, there will be extreme hazard of your becoming a Slave to the pipe; and ever insatiably craving for it."<sup>1</sup> Benjamin Franklin observed: "I never saw a man well in the exercise of commonsense who would say that tobacco did him good."<sup>2</sup> Our sixth president, John Quincy Adams, admitted that "in my early youth I was addicted to tobacco in two of its mysteries—smoking and chewing. I was warned by a medical friend of the pernicious operation of this habit ... and the advice of the physician was fortified by my own experience." Were "every acre of tobacco-land" converted into wheat fields, Adams claimed, that act would "add five years to the average human life."<sup>3</sup> Among many others, Abraham Lincoln, and Justice Oliver Wendell Holmes condemned smoking as an unhealthy and enslaving habit.

6. Indeed, Americans routinely made use of the metaphor of slavery and enslavement to describe tobacco's perceived addictive qualities. Rev. J.B. Wight proclaimed: "This tobacco-slavery ... numbers among its victims more persons than were ever captured in war in Attica or were brought from Africa in ships."<sup>4</sup>

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<sup>1</sup> Cotton Mather, Manuductio ad Ministerium: Directions to a Candidate of the Ministry (Boston, 1726), 46; reprint ed., 1938, 133.

<sup>2</sup> Quoted in M.E. Poland, The Truth About Tobacco (Bethany, West Virginia: No-Tobacco League of America, 1915), 40.

<sup>3</sup> John Quincy Adams to S. H. Cox, 19 August 1845, Arents Collection, Vol. IV, 3264C, New York Public Library, New York City.

<sup>4</sup> J. B. Wight, Tobacco: Its Use and Abuse (Columbia, SC, 1889), 180.



Cigarette smoking was considered a first step down the road to addiction and moral degradation. Many authorities claimed, as did anti-drug crusader Charles B. Towns, that "the relation of tobacco, especially in the form of cigarettes, and alcohol and opium is a very close one."<sup>6</sup> Such terms as "bondage," and "fetters" were linked in familiar parlance with smoking; cigarettes were widely termed "fags" and "little white slavers"; and smokers were characterized as "cigarette slaves" and "cigarette addicts." Anti-smoking crusaders were especially concerned about the appeal of cigarettes to adolescent boys. The New York Times proclaimed in 1905 that cigarettes had "an appalling hold on American youth."<sup>7</sup>

7. As use of cigarettes spread in the late 1800s, newspapers across the nation constantly stressed the dangers of smoking.<sup>7</sup> Physicians and the general public understood that tobacco contained nicotine, a deadly poison, and that inhaling cigarette smoke delivered larger quantities of nicotine into the lungs.<sup>8</sup> By the late 19th century, most states mandated instruction about physiology and hygiene, including information about the effects of tobacco and cigarettes. In

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<sup>6</sup> Charles B. Towns, "Injury of Tobacco and Its Relation to Other Drug Habits," The Century, 83 (March, 1912), 770.

<sup>7</sup> New York Times, October 27, 1905.

<sup>8</sup> See the characterizations of cigarette smoking in the New York Times throughout the 1880s and 1890s and, for example, the following anti-smoking stories: New York Times, January 11, 1891; Raleigh News and Observer, February 21, 1897; Seattle Times, June 13, 1909.

<sup>9</sup> E.A. King, The Cigarette and Youth (Newport, N.Y.: Central Anti-Cigarette League, 1896), 5-6.

Kansas, for example, the first such legislation dated to 1877. An early instructional pamphlet, "Temperance, Health, and Moral Purity," warned that "the list of diseases declared by the most learned physicians to result from the use of tobacco in all forms is appalling."<sup>9</sup> The first Ohio law requiring teaching about the malign effects of alcohol and narcotics was passed in 1888, and fifteen years later "scientific temperance" was mandated throughout the state.<sup>10</sup> By 1890, twenty-one states and territories had banned the sales of cigarettes to minors, and calls were mounting for total prohibition of cigarettes. In Ohio, a bill prohibiting the manufacture and sale of cigarettes was proposed in the House in 1906 but was not approved, though a ban on sale to those under eighteen was adopted; a second legislative effort to ban cigarettes occurred in 1910. Although it was defeated, anti-smoking legislation was introduced numerous times in the Ohio legislature during the next fifteen years.

8. The Women's Christian Temperance Union, active throughout the Midwest and especially in Ohio, took up the cudgels against tobacco. Organizations such as the Anti-Cigarette League of America (ACL), founded by a

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<sup>9</sup> Laura M. Johns, An Appeal to Kansas Teachers in Behalf of Temperance, Health, and Moral Purity (Topeka: Kansas Publishing House, 1889), 14-15. A foreword stated: "This pamphlet ... is mailed to each school superintendent and to each of the 11,500 teachers in the public schools of this State," Kansas Collection, University of Kansas, Lawrence, KS.

<sup>10</sup> State of Ohio, General and Local Acts Passed, 68th General Assembly, regular session, LXXXV (Columbus: Columbian Printing Company, 1888), 213-14; State Commissioner of Common Schools, Fiftieth Annual Report (Springfield, Ohio: Springfield Publishing Company, 1903), 17.

redoubtable WCTU alumna who was born in Delaware, Ohio, Lucy Page Gaston, specifically targeted the cigarette for censure. By 1901, the ACL boasted a membership of 300,000, with membership throughout the United States, including Ohio.<sup>11</sup> It and allied groups such as the Anti-Saloon League, the Non-Smokers Protective League, the No-Tobacco League and No-Tobacco Army (extremely active in Ohio), the WCTU's Anti-Narcotics Department, the Salvation Army, and the YMCA sought to exploit the prevailing popular conviction that cigarettes were harmful to achieve nationwide prohibition. These efforts continued unabated through World War I. After 1904, the Salvation Army's national magazine, The War Cry, featured aggressive attacks on cigarette smoking.<sup>12</sup> YMCA publications warned youthful clients and their parents about the dangers of smoking. A typical article, "Is Smoking Injurious," by Dr. George J. Fisher, the YMCA's medical director, offered an emphatic "yes".<sup>13</sup> Such influential businessmen as Henry Ford and Thomas Edison condemned the cigarette habit. Edison warned of the physical and moral degeneration that resulted from smoking cigarettes: "Unlike most narcotics, this degeneration is permanent and uncontrollable. I employ no person who smokes cigarettes."<sup>14</sup> Dr. Bruce Fink, Professor of Biology at Miami

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<sup>11</sup> New York Times, July 12, 1901.

<sup>12</sup> See, for example, The War Cry's issues for May 23, 1908 and June 20, 1908.

<sup>13</sup> George J. Fisher, "Is Smoking Injurious?," Association Men, 38, no. 3 (December, 1912), 22.

<sup>14</sup> Dr. Harvey W. Wiley, "The Little White Slaver," Good Housekeeping (January, 1916), 91.

University of Ohio, published widely on the "dangers of the tobacco habit." A prominent Methodist layman, his research on the injurious effects of smoking received wide circulation.<sup>15</sup>

9. Although patriotic sentiments associated with World War I and other influences led to a notable increase in the prevalence of cigarette smoking among both men and women in the decades after 1920, efforts to disseminate information about the addictive and injurious effects of cigarettes continued. A few examples of the energetic awareness efforts during the decades from 1920 through World War II should suffice. Following passage of the 18th Amendment, anti-smoking advocates vowed that tobacco would be next. Evangelist Billy Sunday declared: "Prohibition is won; now for tobacco."<sup>16</sup> An influential "Committee of Fifty to Study the Tobacco Problem," chaired by economist Irving Fisher and comprising businessmen, physicians, and educators (such as nutritionist John Harvey Kellogg, E.V. McCollum of Johns Hopkins University, and Henry Ford) sponsored anti-smoking pamphlets such as "The Case Against Smokes" and "Is the Tobacco Habit Injurious?".<sup>17</sup> The WCTU, Anti-Tobacco League, Methodist Church, and many other organizations maintained staunch opposition to cigarette

<sup>15</sup> See Bruce Fink, Tobacco (Cincinnati, OH: Abingdon Press, 1915) and his monograph, The Tobacco Habit (Oxford, OH: Miami University, 1914).

<sup>16</sup> Quoted in Joseph C. Robert, The Story of Tobacco in America (New York: Alfred A. Knopf, 1952), 247.

<sup>17</sup> "Committee to Study the Tobacco Problem," n.d., Folder 5, John Harvey Kellogg Papers, Michigan Historical Collections, University of Michigan, Ann Arbor, MI.

smoking throughout the interwar decades.<sup>18</sup> Oberlin's president, Dr. Henry King, condemned the habit of "compulsory smoking" and bemoaned the "tyranny of tobacco" and its addictive effects on young Ohioans.<sup>19</sup> The Canton Repository carried an Associated Press story that in Graz, Austria, the 4th International Congress of opponents of tobacco smoking was taking place. "According to the speeches delivered, the harm done by liquor is little indeed compared to the ravages inflicted upon mankind by the smoking habit."<sup>20</sup> The Akron Journal reported in March, 1925 that a nationwide campaign against tobacco was being launched, following a meeting of prominent anti-smoking advocates in Indianapolis.<sup>21</sup> In 1926, physicians condemned the "cigarette habit" in hearings conducted by the House of Representatives Committee on Education, and in 1929 Senator Reed Smoot in a fiery and broadly-publicized speech urged that Congress place tobacco products under the Food and Drugs Act.<sup>22</sup>

<sup>18</sup> See, for example, James Jefferies, "Tobacco a Poison Closely Allied with Narcotics," The Bulletin, I, no. 8 (September, 1927), 4; Charles C. Rarick, "Eminent Authorities Who Condemn the Cigarette," Methodist Board of Temperance, no. 88 (1925), 1-3; and "Charles M. Fillmore, Tobacco Taboo (Indianapolis, IN: No-Tobacco League, 1928).

<sup>19</sup> The No-Tobacco Journal, IV, no. 8 (August, 1921), 8.

<sup>20</sup> Canton Repository, October 10, 1926.

<sup>21</sup> Akron Journal, March 26, 1925.

<sup>22</sup> See, for example, the statements of Dr. Harvey W. Wiley, Editor of Good Housekeeping, and Dr. Howard A. Kelly of Johns Hopkins University School of Medicine, House of Representatives, 69th Congress., 1st Sess., "Hearings before the Committee on Education: Conference on Narcotic Education (Washington, DC: GPO, 1926), 143-145; Hon. Reed Smoot, "Extension of Food and Drugs Act to Tobacco and Tobacco Products," Congressional Record, June 10, 1929 (Washington, DC: GPO,

10. Advertisements for products that allegedly "banished the tobacco habit" are evidence of popular awareness of the difficulties of quitting and they appeared in such general circulation magazines as Popular Mechanics and in the Cleveland Plain Dealer and other Ohio newspapers.<sup>23</sup> The American Medical Association routinely dealt with inquiries about the efficacy of smoking cures by the 1930s. Widely disseminated were handbooks for "speakers and organizers against the evils of tobacco."<sup>24</sup>

11. In 1919, Washington University of St. Louis medical student Alton Ochsner, invited to observe the autopsy of an individual diagnosed with lung cancer, was told that he might never see another case of this rare malady. He was not to encounter lung cancer again until 1936 and then saw eight cases—all cigarette smokers who acquired the habit in World War I—in a six month period. Drs. Lombard and Doering noted in the New England Journal of Medicine in 1928 that thirty-four of thirty-five localized incidences of cancer (lung, cheek, jaw) were linked to heavy smoking, and their findings were reported to the public via the

1929), 3-12.

<sup>23</sup> See, for example, "Stop Using Tobacco: Let Us Help You to Banish the Habit," Popular Mechanics (March, 1932), 29. A widely-disseminated pamphlet, Tobacco Redeemer (St. Louis, MO: The Newell Company, [1930s]), championed a "home treatment for the tobacco habit." It began: "Tobacco Slaves. Are you one? Are you getting tired of paying daily tribute to that inexorable master—King Tobacco?" It then asked: "Why continue a habit if it is undermining your health, wrecking your nervous system, causing you loss of appetite and loss of sleep and costing you money that you could use to a real advantage...." This treatment boasted 300,000 satisfied customers.

<sup>24</sup> Richard J. Walsh, The Burning Shame of America: An Outline Against Nicotine (Mount Vernon, NY: William Edwin Rudge Printing House, 1924).

mass media.<sup>25</sup> The reported number of lung cancer cases, as related in the New York Times and Science Digest, nearly tripled between 1930 and 1940.<sup>26</sup> In 1938, Time characterized the findings of Dr. Raymond Pearl, Johns Hopkins biologist, on the correlation between smoking and reduced longevity as sufficient to "make tobacco users' flesh creep."<sup>27</sup>

12. Reader's Digest, which achieved the largest circulation of any national magazine and was sold widely in Ohio, undertook a double-barreled campaign against cigarette smoking as early as 1924. Irving Fisher asked, "Does Tobacco Injure the Human Body?" in Reader's Digest's November, 1924 issue. In this way the arguments of anti-smoking advocates such as Fisher reached a broad readership. Fisher accepted as fact that "we now have sufficient information to determine the effect of tobacco on the human body" and that smoking led to various medical problems.<sup>28</sup> In 1940, Reader's Digest offered "I Quit Smoking or, Cooper's Last Stand," a story of how deeply writer Courtney Ryley Cooper had been hooked and how he stopped smoking.<sup>29</sup> A revealing amalgam was the December, 1941 Reader's Digest article, "Nicotine Knockout, or the Slow Count," by former heavyweight boxing champion Gene Tunney. "You do get a 'lift' when

<sup>25</sup> New York Times, September 20, 1928; Current History, 30 (September, 1929).

<sup>26</sup> New York Times, October 26, 1940; Science Digest, November, 1940.

<sup>27</sup> Time, March 4, 1938.

<sup>28</sup> Reader's Digest, November, 1924, 435-436.

<sup>29</sup> Reader's Digest, July, 1940, 32.

you light a cigarette," Tunney stated. "But it's exactly like the lift you get from cocaine, heroin, marijuana." As Director of the Navy's Physical Fitness Program, Tunney commented, "I can bluntly say that few things could be worse for physical fitness than promoting the tobacco habit."<sup>30</sup> Scribner's Magazine published an article about tobacco and health in 1930, Newsweek carried the first of numerous articles about addiction to cigarettes in 1934, Time dealt with the topic as early as 1935, and such nationally-distributed periodicals as Good Housekeeping and Commonweal weighed in with feature stories.<sup>31</sup>

13. That this message was generally known and understood by the public is indisputable. As syndicated columnist Westbrook Pegler, himself a smoker, wrote in 1942: "Some people ... have suggested that our press has been unwilling to tell the truth about the poisons that people put into themselves by smoking, because we would sacrifice some degree of the public health for the money we get from cigaret advertisements. I don't believe this is true. ... I think people would continue to smoke anyway even if we did dig out and print horribly all the old propaganda of the Anti-Cigarette League. ... Even though their elders tell them from early childhood that smoking is bad for them and that the habit, once formed, is very hard to break. ... I can't even save myself."<sup>32</sup> Fifteen years later, a Gallup

<sup>30</sup> Reader's Digest, December, 1941, 21-24.

<sup>31</sup> Scribner's Magazine, 88 (October, 1930); Newsweek 3, (February 24, 1934); Time, 26 (July 29, 1935); Good Housekeeping, 89 (August, 1929); Commonweal, 25 (April 9, 1937).

<sup>32</sup> Westbrook Pegler, "Fair Enough," New York World Telegram, 2 September 1942.



Poll indicated that more than three out of four adults or 77 percent had heard or read about the warning by Surgeon General Burney and others about a possible connection between smoking and lung cancer. This response was termed by Gallup "phenomenal ... in polling annals."<sup>33</sup>

14. By World War II in Ohio and across the nation, states mandated instruction about physiology and hygiene, including information about the effects of tobacco and cigarettes. A Kansas schoolboy recalled using a physiology and hygiene text in the 1920s that referred to cigarettes as "coffin nails," with the teacher explaining that "every cigaret that was smoked had the same effect upon the user as driving a nail into his coffin."<sup>34</sup> During the 1930s, the Ohio State Department of Education's program for health education in junior and senior high schools prescribed questions about tobacco's effects on the human body, whether "a person can be healthy and smoke," and why the smoking habit was so difficult to break.<sup>35</sup> A widely-used text for the upper elementary grades during World War II was Healthful Ways. This text had a section on tobacco usage and linked cigarette smoking with heart disease.<sup>36</sup> A text for 7th grade students, The American Health Series: Health Progress referred to cigarettes as a narcotic and

<sup>33</sup> Cleveland Plain Dealer, July 24, 1957.

<sup>34</sup> Ralph M. Hope, "Life at Its Best," [September, 1981], Smoking Miscellany Files, Kansas State Historical Society, Topeka, KS.

<sup>35</sup> State of Ohio, Department of Education. Health and Physical Education Series, III (rev. ed., 1936), 251-52.

<sup>36</sup> W.W. Charters, Dean F. Smiley, Ruth M. Strang, Healthful Ways (New York: Macmillan, 1941), 125-26.

discussed the "injurious effects" of tobacco on the heart and circulation. Students were told that "no one, not even a habitual smoker, claims that the use of tobacco improves health."<sup>37</sup>

15. Similar messages appeared in popular media. As early as the 1940s, nationally-distributed Hollywood cartoons cautioned audiences about the dangers of smoking and the risk of becoming addicted to cigarettes. A testimonial to the addictive power of cigarettes was presented in "No If, Ands, or Butts" (1947), a cartoon shown widely in theaters for many years and still periodically on television. In Walt Disney's "No Smoking" (1952), Goofy first extolled the rewards of smoking, but a smoker's cough led him to renounce cigarettes. Suffering from withdrawal, Goofy obsessively tried to smoke but was prevented from lighting up by assorted hilarious circumstances. The cartoon's final message was: "Give the smoker enough rope and he'll hang onto his habit." Feature films such as "Saboteur" (1942) and "Mr. Peabody and the Mermaid" (1948) dealt with the difficulties of breaking the smoking habit. In counterpoint to claims that movies glamorized smoking were negative references in such blockbuster films as Jules Verne's "A Thousand Leagues Under the Sea." Even James Bond—in "You

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<sup>37</sup> Charles C. Wilson, John L. Bracken, Helen B. Pryor, and John C. Almack. The American Health Series: Health Progress, Grade VII (Indianapolis, IN: Bobbs-Merrill Company, 1948), 74, 133, 136, 336, 337. A more sophisticated version of this text for 8th grade students discussed smoking in greater detail. The link between smoking and various diseases was presented as self-evident. The authors quoted Oliver Wendell Holmes: "I think tobacco often does a great deal of harm to the health. ... I myself gave it up many years ago." After a recap of problems believed to result from smoking, the text concluded: "Excessive use of tobacco may decrease the number of years a person may live,." *ibid*, VIII, 117, 121, 122.

**Only Live Twice" (1969)—warned a villain: "Don't you know those are bad for your chest," just before annihilating him. Print cartoonists also regularly tackled the smoking-health-addiction relationship. In sum, from the late 19th century through 1945, a period when cigarette smoking experienced phenomenal growth, anti-smoking advocates, groups, and organizations used virtually all available means to get across their message to the American people. Their characterization of smoking cigarettes as injurious to health and associated with abnormal dependence and even addiction was largely assimilated into popular awareness.**

**16. When focusing upon smoking as a threat to the average American's health from World War II through the 1980s, it quickly becomes clear that a large body of information was available to those reading newspapers, giving attention to community affairs, and going to films and watching television—in other words, to anyone living a normal life in America. Such milestones in the debate about smoking and health as the Wynder/Graham studies (1950-1956), the Doll/Hill Study (1952), the pronouncements of Dr. Alton Ochsner (1938 onward), the Hammond/Horn Study (1954-1955), the Auerbach Study (1955-56), the "Seven Experts Study" (1957), the World Health Organization Report (1960), the Royal College of Physician's Report (1962), the Surgeon General Advisory Committee's Report (1964), the Cigarette Labeling and Advertising Act (1965), the American Cancer Society's first "Great American Smokeout" (1976), the Surgeon General's Report on Nicotine Addiction (1988), and the 25th anniversary report by the Surgeon General (1989) reaffirmed public concern and engendered continued**

awareness in the American popular consciousness. These patterns of awareness were manifested in various ways both nationally and in Ohio. Examples from the period, 1949-1965, offer irrefutable evidence of this contention.

17. During these decades, Reader's Digest continued its campaign against cigarettes and this influential periodical was joined by numerous other national magazines. Almost every journal of opinion and information from Atlantic, Consumer Reports, Cosmopolitan, and Life to Newsweek, Playboy, Time, and Woman's Home carried features, cartoons, and stories that communicated acceptance of the smoking-health link.<sup>38</sup> Typical was a January, 1950 Reader's Digest piece that asked: "How Harmful Are Cigarettes?" It concluded that "probably no steady smoker" believed smoking had no harmful effects. Accepting the statistical link between smoking and lung cancer, this article stated: "While all other types of cancer were declining in frequency, the age-adjusted death rate for respiratory cancer rose steadily from 3.7 per 100,000 in 1930 to three times that in 1947."<sup>39</sup> Four years later, Reader's Digest published "The Facts Behind the Cigarette Controversy." Emphasizing the increasing evidence of a relationship, this article noted: "Before World War I lung cancer was rare. But after 1920 U.S. doctors began to encounter it more and more frequently. ..."<sup>40</sup> Similar stories

<sup>38</sup> Reader's Guide to Periodical Literature, 1945-1987.

<sup>39</sup> Reader's Digest, January, 1950, 7-8.

<sup>40</sup> Reader's Digest, July, 1954, 2-4.

appeared in Newsweek, Time, Consumer Reports, and Life, among many others.<sup>41</sup>

"Let's stop kidding ourselves about the effects of cigarette smoking," began an American Mercury feature.<sup>42</sup> Periodicals targeting specialized audiences also provided continuing coverage of this issue. For example, Christian Century published numerous stories about smoking and health in these years.<sup>43</sup> A Stars and Stripes article on September 6, 1947 reported that a University of Chicago medical researcher had told the 4th International Cancer Research Congress in St. Louis that inhaling the smoke of one pack of cigarettes per day for ten years would introduce "eight quarts of cancer-causing tars" into one's body. His conclusion: "We don't have enough evidence to establish as a fact that smoking induces cancer, but this amount of carcinogenic tar entering the body does make it look like the body has a strong resistance to cancer."<sup>44</sup> Stars and Stripes continued to inform its military readership about the subject of smoking's possible health consequences.<sup>45</sup>

<sup>41</sup> For example, "Cigarettes and Cancer," Newsweek, 40 (November 3, 1952); "Smoking and Cancer," Time, 60 (December 22, 1952); "Cigarette Smoking and Lung Cancer," Consumer Reports, 19 (February, 1954); and "Smoke Gets in the News," Life, 35 (December 21, 1953).

<sup>42</sup> Allan J. Ryan, "Will You Gamble on Smoking?," American Mercury, 79, no. 3 (August, 1954), 13.

<sup>43</sup> See "Cigarets and Cancer," LXX, no. 50 (December 16, 1953), 1445; Christian Century; "New Cigaret-Cancer Link is Found," LXXII, no. 25 (June 22, 1955), 724-25, *ibid*; "Coffin Nails Take Another Beating," LXII, no. 38 (September 21, 1955), 1077, *ibid*.

<sup>44</sup> Stars and Stripes (Pacific Edition), September 6, 1947.

<sup>45</sup> See Stars and Stripes: Pacific Edition, November, 1954, October, 1957 for examples of this coverage.

18. Influential proponents of the relationship between smoking and lung cancer were speaking out across the nation. The Miami Herald reported on July 18, 1950 that three teams of American scientists, including such distinguished individuals as Dr. Alton Ochsner, a highly-respected New Orleans surgeon and then current president of the American Cancer Society, Drs. Ernest L. Wynder and Evarts A. Graham, and Dr. Morton L. Levin, had blamed cigarette smoking for the dramatic increase in lung cancer.<sup>46</sup> Lecturing in Savannah, Georgia, Dr. Ochsner warned that the cancer-smoking link necessitated periodic X-rays for "heavy smokers."<sup>47</sup> At a National Tuberculosis Association meeting in Atlantic City, Ochsner warned that unless the numbers of those smoking dropped significantly, by 1970 one of every five cancer patients would suffer from lung cancer.<sup>48</sup> Dr. Evarts Graham, Bixby Professor Emeritus of Clinical Surgery at Washington University, also was active in giving public lectures about the damaging effects of cigarette smoking.<sup>49</sup> Replying to an inquiry about smoking and lung cancer in 1954, Dr. Graham said that the "harmful effects" of cigarettes extended to the heart and arteries as well as the lungs.<sup>50</sup> The Reader's Digest printed Dr.

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<sup>46</sup> They were delivering papers at the 5th International Cancer Research Congress in Paris, France, Miami Herald, July 18, 1950.

<sup>47</sup> "Cancer Increase High for Smokers," Miami Herald, May 13, 1953.

<sup>48</sup> "Lung Cancer Rise Seen by Expert," Miami Herald, May 24, 1954.

<sup>49</sup> Edwin W. Mills to Dr. Evarts A. Graham, October 27, 1949, Box 104, Evarts A. Graham Papers, Washington University, St. Louis, MO.

<sup>50</sup> Dr. Evarts Graham to Francis Bryan, November 26, 1954, Folder 3, Box 104, Graham Papers, Washington University, St. Louis, MO.

Ochsner's blunt statement that "in another decade when our present smoking habits catch up with us ... I am convinced that every heavy smoker will develop lung cancer—unless heart disease or some other sickness claims him earlier."<sup>51</sup> A 1960 story quoting Dr. E. Cuyler Hammond of the American Cancer Society that the "rarity of lung cancer among non-smokers demonstrates that cigarette smoking increases the probability" of lung cancer was featured in the Cleveland Plain Dealer.<sup>52</sup>

19. Ohio newspapers provided their readers with continuing documentation of the debate over cigarette smoking and health, with all of the major milestones being covered. The Cleveland Plain Dealer, for example, provided its readers coverage of the Wynder/Graham study in 1950 and of a parallel statistical study by New York Department of Public Health researchers.<sup>53</sup> The British Medical Society's report in December, 1952 of a manifest association between smoking and lung cancer was accorded thorough discussion, as was the debate over what constituted a "heavy" smoker, the launch of the Tobacco Industry Research Committee, to the Public Health Service's survey of veterans to uncover any smoking-cancer correlation, the report by E. Cuyler Hammond of the ACS's continuing study, the conclusions of the "seven scientists study group," and other

<sup>51</sup> "The Growing Horror of Lung Cancer," condensed from Today's Health, in Reader's Digest, March, 1959, 110.

<sup>52</sup> Cleveland Plain Dealer, March 22, 1960.

<sup>53</sup> Cleveland Plain Dealer, May 25, 1950.

major happenings through the 1950s.<sup>54</sup>

20. Public awareness of the 1964 Surgeon General's report was reinforced by press, radio, and television coverage and by very extensive attention paid the conclusions of the report in national periodicals and magazines. The Cleveland Plain Dealer published daily stories throughout January and maintained its emphasis on the report's health implications thereafter. On January 11, 1964, the Plain Dealer proclaimed: "Today: THE Report on Smoking Risks."<sup>55</sup> Next day a front page headline, "Lung Cancer Laid to Smoking," led off extensive reporting on the Surgeon General's report and reactions of Ohioans to its implications.<sup>56</sup> The Plain Dealer printed a graphic cartoon, depicting a skull labelled "Cancer" suspended on crossed cigarettes over the caption: "The New Danger Signal".<sup>57</sup> A "Spot Survey" on January 13, 1964 concluded, however, that "Cleveland Puffing Continues Unabated."<sup>58</sup> To its national and Ohio readership, Reader's Digest, after a review of evidence linking smoking and lung cancer, commented: "In the last

<sup>54</sup> See Cleveland Plain Dealer, January 12, 1954; "A Frank Statement to Cigarette Smokers," Cleveland Plain Dealer, January 4, 1954; "Medics Report High Death Risk for Smokers 50 to 70," Cleveland Plain Dealer, June 22, 1954; "Lung Cancer Directly Tied to Cigarettes," Cleveland Plain Dealer, March 23, 1957.

<sup>55</sup> Cleveland Plain Dealer, January 11, 1964.

<sup>56</sup> Cleveland Plain Dealer, January 12, 1964. Notably, a Plain Dealer reporter compiled an impressive historical survey of opposition to tobacco, citing James I's condemnation, the activities of anti-tobacco advocates in Ohio earlier in the century, and the subsequent "campaigns by high schools and churches to stop smoking for health reasons," Cleveland Plain Dealer, January 12, 1964.

<sup>57</sup> St. Louis Post-Dispatch, January 15, 1964.

<sup>58</sup> Cleveland Plain Dealer, January 13, 1964.



analysis, the issue of whether to smoke or not to smoke must be decided by each individual.<sup>59</sup> Mass-circulation magazines distributed in Ohio dealt with the same themes.<sup>60</sup>

21. The role of schools in the dissemination of health information to students (and their parents) cannot be underestimated. State laws and curricular policies required teachers to deal with the effects of smoking on health. School texts and supplemental publications such as Weekly Reader and Senior Scholastic discussed the issue extensively during the 1950s, 1960s, and 1970s. For example, Health and Safety for You devoted a chapter to tobacco and observed: "Medical and scientific knowledge leaves no doubt about the harmful effects of smoking."<sup>61</sup> The text linked smoking with heart disease, lung cancer, chronic bronchitis and emphysema, and other illnesses. Already in 1953, Senior Scholastic, widely distributed in Ohio schools, stated that "research has shown that lung cancer is rare in a person who does not smoke."<sup>62</sup> In 1960 Senior Scholastic quoted Dr. Alton Ochsner in his forthcoming book, Smoking and Cancer, as stating unequivocally that "tobacco is a loaded, often lethal weapon,"

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<sup>59</sup> Reader's Digest, April, 1964, 76.

<sup>60</sup> See, for example, "The Surgeon General's Report," Business Week (January 18, 1964), 42-44; "Health Hazard," Newsweek, 63 (January 20, 1964), 48-50; "Government Report," Time, 83 (January 17, 1964), 42; "Latest on Tobacco and Health," U.S. News and World Report, 56 (January 20, 1964), 44-45; and "The Surgeon General's Report," Life, 56 (January 24, 1964), 56A-62.

<sup>61</sup> John M. Lampe, Charles D. Oviatt, and Franklin C. Vaughn, Health and Safety for You (4th edition, New York: McGraw-Hill, 1975), 96.

<sup>62</sup> Senior Scholastic, October 14, 1953, 18.

and that "time pulls the trigger."<sup>43</sup> In 1970, the Ohio legislature specifically mandated instruction in the schools about the adverse effects of cigarette smoking, and this requirement was periodically renewed.<sup>44</sup>

22. Was the message about cigarettes received by students? The answer is overwhelmingly yes, as shown by an "Institute of Student Opinion Poll No. 31," done for Scholastic Magazines, which polled 10,763 (5,598 girls, 5,165 boys) junior and senior high school students from across the U.S. To the question, "What do you think about cancer and cigarette smoking?": 19.6% said only a heavy smoker ran a greater risk of lung cancer than non-smoker; 45.4% said all smokers ran a greater risk of lung cancer than non-smokers; 32.2% said there might be some connection but no conclusive evidence existed of a link. Notably, four years before release of the 1964 Surgeon General's report, only 2.6% were persuaded that no connection existed.<sup>45</sup> Seven years later, Senior Scholastic Teacher stated confidently that "the scientific facts on the health hazards of cigarette smoking are no longer debatable. Students on almost all levels have heard that cigarettes are not good for them."<sup>46</sup> In the aftermath of the 1964 Surgeon General's report, Lake County authorities announced a "crack-down" on

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<sup>43</sup> Senior Scholastic, January 14, 1960, 18.

<sup>44</sup> See "Chapter 3301: Department of Education," in Timothy J. Sheeran, ed., Ohio Code Research Guide (Columbus, OH: Law Publishing Company, 1988), Title XXXIII, 3313.59.

<sup>45</sup> Senior Scholastic, February 17, 1960, 27.

<sup>46</sup> Senior Scholastic Teacher, November 16, 1967, 18.

sale of cigarettes to minors. That same day, the Troy Daily News stated that it no longer would accept cigarette advertising, and the Ohio State Treasurer, John D. Herbert, reassured Ohioans that the "cigarette-cancer report" would not affect higher education capital improvement bonds to be paid for by a penny-per-pack tax on cigarettes.<sup>67</sup>

23. Popular awareness about the health-threatening effects of cigarette smoking continued to be reinforced by pervasive attention to the issue by newspapers and national periodicals during the entire period from 1964 to the present. A most significant source of information increasingly proved to be television news programs and documentaries. The three major networks began to devote substantial attention to the debate over smoking and health in the mid-1950s.<sup>68</sup> With the release of the Surgeon General's report, Smoking and Health in 1964, television's role in shaping public understanding of the issue expanded rapidly in Ohio and throughout the United States.<sup>69</sup> CBS's Harry Reasoner's report on smoking battle in 1964 recounted conflict inside the Massachusetts Department of Public Welfare between those hostile to smoking and employees who admitted being "addicted" to cigarettes. The next year, Leslie Stahl on "Face the Nation" observed that despite evidence that smoking caused lung cancer, heart disease,

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<sup>67</sup> Cleveland Plain Dealer, January 14, 1964.

<sup>68</sup> Edward R. Murrow's two-part report on CBS's "See It Now," which was broadcast in late May and early June, 1955 was a watershed in television coverage.

<sup>69</sup> See, for example, the CBS news program, "Cigarettes: A Collision of Interests," which was broadcast in Kansas City by KMBC at 6:30 p.m., April 15, 1964, Kansas City Star, "TV Previews," April 15, 1964.

"and is addictive," 30% of the public continued to smoke.<sup>70</sup> As influential commentator, Paul Harvey, noted in a column dealing with a report in the Annals of Internal Medicine that smoking caused premature aging of skin, people were ignoring generally available information about the health risks. "Don't you know that nudge [about wrinkles] had greater impact than all those surgeons waving scalpels at your lungs," Harvey sarcastically observed. "Maybe all we need for constructive self-discipline is less whip and more carrot."<sup>71</sup>

24. Documentation about public awareness of the link between cigarette smoking and addiction from 1945 to the present closely parallels the material presented for smoking and health and, thus, only a few examples will be needed to illustrate that broad popular understanding of this relationship existed. Such new slang terms as "fag fiend," "nicotine fit," "hooked," and "cold turkey" explicitly linked cigarette smoking and addiction. That these terms earned broad popular acceptance in the 1940s, 1950s, and 1960s, despite the reluctance of scientists who had not yet found absolute proof to characterize the habit of cigarette smoking as addictive, merely confirms a basic axiom of the historian that people tend to act according to what they believe to be "truth" and not what may in fact be reality. The typical man or woman in the street was convinced that cigarette smoking was a nasty, deadly, difficult-to-break habit and that, by

<sup>70</sup> "Passive Smoking and Second-Hand Smoke," CBS, "Face the Nation," 1985.

<sup>71</sup> Paul Harvey column: "Lung Cancer Didn't Scare; Vanity May," Brazosport Facts, December 26, 1971.

common definition, meant it was addictive. John A. Moore made precisely this point in his popular manual about quitting, How to Stop Cigarettes for Life.<sup>72</sup> The historical evidence presented in this affidavit is overwhelming that in America popular awareness of cigarettes, their danger to personal health, and their "addictive" potential was often ahead of technical and scientific opinion on the subject. Illustrating the point are examples of public awareness prior to the Surgeon General's pronouncement about smoking and addiction in 1988 and the more recent disclosures about what was known or believed by tobacco industry executives.

25. In December, 1952, the Cleveland Plain Dealer reported that the Federal Trade Commission had sought to have cigarettes ruled a drug.<sup>73</sup> Features in newspapers across the nation dealt with efforts to quit. One in January, 1954 observed: "Anybody who says the hold cigarettes has on a person is mostly 'psychological' is, for my money somebody who hasn't tried 'em. It's a subtle hold, too—and so strong we don't expect that this piece, or a thousand similar articles, would have any effect whatever. ..."<sup>74</sup> The St. Louis Post-Dispatch reported that statistics showed most cigarette smokers thought the habit "is a major cause of lung cancer and are not pleased to be smokers." Dr. Daniel Horn of the American Cancer Society commented that these results demonstrated cigarette

<sup>72</sup> John A. Moore, How to Stop Cigarettes for Life (Mount Vernon, NY: John Oliver Company, 1964), 42.

<sup>73</sup> Cleveland Plain Dealer, December 11, 1952.

<sup>74</sup> Kansas City Star, January 1, 1954.

smoking was addictive. "If it were not an addiction, ... one would think that persons who thought it a cause of lung cancer would give it up."<sup>75</sup> The Reader's Digest regularly reprinted its smoking/addiction articles from earlier years, and in November, 1954, published an original story, "How I Stopped Smoking," by syndicated columnist Stewart Alsop. Referring to smoking as a habit and as dependency, "it is humiliating to feel the fear which a compulsive smoker feels at the mere idea of living without tobacco," Alsop admitted.<sup>76</sup>

26. After release of the Surgeon General's 1964 report, stories proliferated about man-in-street reactions. "Most Puffers Puff On, But Some Take Heed," the Kansas City Star announced.<sup>77</sup> "It'll scare people now, but in two or three weeks they'll forget again," commented a man in Maple Heights, Cleveland.<sup>78</sup> A UPI article by Louis Cassels in late January, 1964 stated that the Surgeon General's report understated the problem by admitting that "smokers usually develop some degree of dependence upon the practice." Cassels said smoking was an addiction and that quitting required "will power, based on a clear and unwavering conviction that the things really are, as grandfather used to say, 'coffin nails.' One way to acquire this conviction is to sit down and read the committee's 387-page report."<sup>79</sup>

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<sup>75</sup> St. Louis Post-Dispatch, March 10, 1962.

<sup>76</sup> Reader's Digest, November, 1954, 27, 30.

<sup>77</sup> Kansas City Star, January 13, 1964.

<sup>78</sup> Cleveland Plain Dealer, January 13, 1964.

<sup>79</sup> Stars and Stripes: Pacific Edition, January 22, 1964.

27. In May, 1964, "The Dilemma of the 'Problem Smoker'" appeared in the Reader's Digest. This article differentiated between addiction and habituation but noted—whether physiological or behavioral mechanisms were involved—quitting was not easily accomplished.<sup>80</sup> The U.S. Children's Bureau launched a nationwide anti-smoking campaign aimed at school children that stressed the difficulty of quitting. "Some people can't stop biting their fingernails. This is a bad habit and it is hard to stop it. Cigarettes are bad habits. Many people get used to smoking them and then find it is very hard to stop," the booklet warned.<sup>81</sup> Senior Scholastic provided a pragmatic perspective on the issue of addiction. After reviewing the Surgeon General's 1964 report, it said the public had to decide what to do. "Like so many other matters, smoking seems to come down in the last analysis to a personal choice."<sup>82</sup> As recently as 1988, Jack E. White, writing in Time, confessed that he was "a slave to cigarettes," and one of many "nicotine freaks who have tried repeatedly to kick the habit and failed. ..."<sup>83</sup>

28. Addiction was dealt with extensively by the visual media. In "Damn Yankees" (1958), Russ Brown advised Tab Hunter that the "only thing that comes easy is the cigarette trick. Now I'm trying to break myself of the filthy habit." Films such as "Cold Turkey" (in which an entire town sought to give up smoking

<sup>80</sup> Reader's Digest, May, 1964, 64.

<sup>81</sup> U.S. Children's Bureau, "Why Nick the Cigarette is Nobody's Friend," Publication No. 447 (Washington, 1966), 3.

<sup>82</sup> Senior Scholastic, February 21, 1964, 17.

<sup>83</sup> Jack E. White, "Confessions of a Nicotine Freak," Time, April 18, 1988.

cigarettes), and--most recently--"Blue in the Face" reaffirmed popular stereotypes about the addictive character of smoking. Television news programs and documentaries gave particular emphasis to the smoking-addiction relationship. Edward R. Murrow's "See It Now" examined cigarettes and lung cancer in 1955.<sup>24</sup> President Dwight D. Eisenhower's statement in 1957 during a filmed press conference about his decision to quit smoking was publicized widely via television.<sup>25</sup> CBS broadcast its highly-publicized "National Smoking Test" in 1968. Onward through the 1970s and 1980s, television documented the public's concern about the habit of cigarette smoking. In 1985, CBS's "60 Minutes" admitted that the national anti-smoking campaign had not curbed American appetite for cigarettes.<sup>26</sup> The Surgeon General's report on nicotine addiction in 1988 simply served to confirm what most Americans had believed for decades.

29. In conclusion, an enormous mass of documentation about smoking's effects is available to anyone who examines the historical record. Whether the historian writes political or social history, he or she can recreate an accurate

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<sup>24</sup> This program was broadcast by CBS affiliate at various times. For example, KMBC, in Kansas City aired it at 8:30 p.m., May 31, 1955, and a second installment was shown on the following Tuesday, June 7, 1955, Kansas City Star, May 31, 1955.

<sup>25</sup> Acknowledging that he had been a heavy smoker, President Eisenhower said: "No doctor ever told me I should stop. But for me it was easier to just stop and I will only say this...if a person turns their mind to something else and quits pitying themselves about it they won't find it nearly as hard as they figured," author's transcription of President Dwight D. Eisenhower press conference, May 31, 1957. See New York Times, July 1, 1957.

<sup>26</sup> In an interview Geraldine Brooks admitted: "I was an addict. I used to smoke 60 cigarettes a day," CBS, "60 Minutes," "Cigarettes and the Public Health," 1985.



account of what happened within the context of the times being portrayed. The examples I have provided in this affidavit could be multiplied many, many times. They constitute only a small part of the research that I have conducted. However, in my professional opinion, this research has yielded persuasive evidence that for more than two hundred years and all through the 20th century information from a wide range of sources about the health-threatening and addictive consequences of smoking was widely available to both Americans and to residents of Ohio.

The foregoing facts are stated, under oath, upon my personal knowledge.

(signed)

Theodore A. Uchi

SWORN TO AND SUBSCRIBED, before me on 1946 of

12/31, 1997

Laura Wilson

NOTARY PUBLIC

My commission expires:

11/5/99

Laura Wilson  
NOTARY PUBLIC  
State of Kansas

Expires 11/5/99

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Mr. WADMAN. Thank you very much, Mr. Campbell. We do have questions, but we're going to hear from all of the witnesses before members on the panel ask their questions. Mr. James Johnston? Please pull the microphone in front of you?

TESTIMONY OF JAMES W. JOHNSTON

Mr. JAMES JOHNSTON. Good morning, Mr. Chairman, members of the subcommittee. Again, I am Jim Johnston, chairman and chief executive officer of R.J. Reynolds Tobacco Company. I appreciate this opportunity to discuss a number of important issues concerning the tobacco industry.

I am proud to be here to day to speak for the 45 million adults who choose to smoke, and the growers, retailers, and the other 2.3 million Americans who are part of the tobacco industry. I am proud to represent the more than 10,000 people at Reynolds Tobacco, who are dedicated to making the best cigarettes that we can make.

My company and I take very seriously the allegations that have leveled against us. And I would like the record to clearly show that Reynolds Tobacco does not spike its products with nicotine. In fact, our process results in the loss of nicotine. We do not add, or otherwise manipulate nicotine to addict smokers. Finally, there is no justification for the FDA to regulate cigarettes as a drug.

I also want to talk to you about the real issue before the American people and this subcommittee. The real issue is, should cigarettes be outlawed? Let's make no mistake about it, the goal of the anti-smoking industry is to bring back prohibition. This morning I intend to show you how they hope to achieve that goal.

But, first, I want to address the charge that Reynolds Tobacco manipulates the level of nicotine in its products, the implication is that we are somehow doing something sinister to addict smokers or to keep them addicted. We do not.

We do reduce the amount of nicotine in our products. We do monitor and measure tar and nicotine yields because we are required to publish those figures in our advertising. And we do maintain the consistent taste and quality of our brands which our customers expect. But we do not do anything to hook smokers or to keep them hooked.

Let me repeat, we do not manipulate nicotine to addict smokers. We do not more manipulate nicotine in cigarette than coffee manufacturers manipulate caffeine in their products. There is nothing sinister about it.

I think the subcommittee should also be aware that Dr. Kessler's definition of addiction would classify most coffee, cola, and tea drinkers as addicts, caffeine addicts. Many people experience a strong urge for a cup of coffee each morning, and there is a well-documented physical withdrawal syndrome associated with the consumption of coffee and caffeinated soft drinks.

Nonetheless, I seriously doubt that the American public would say that these characteristics put caffeine in the same class as addictive drugs such as cocaine and heroin. And I don't think anyone would seriously suggest that the FDA consider regulating coffee, tea, or soda as drugs, even though soft drink manufacturers routinely add caffeine to their products.

Parnish  
EXHIBIT NO. 6  
9/30/97  
LEE A. BURSTEN, RPA

In the same vein, the manufacturers of alcoholic beverages constantly monitor the alcohol content of their products through the fermentation process to precisely control the level of alcohol. In addition, some wines are fortified with added alcohol. Nonetheless, Reynolds Tobacco is not aware of any efforts to regulate wine, beer, or spirits as a drug. And we certainly don't believe that efforts of that type are necessary or desirable.

Much of the recent controversy surrounding our products is focused on our use of various techniques that help us reduce the tar and nicotine yields of our products. Let me be clear. We could stop using those techniques. We could chop up the tobacco and roll it in paper, but the consequences of doing that would be a return to the 1940's, when the average cigarette yielded 40 milligrams, 2.8 milligrams of nicotine. That would increase the tar and nicotine in our cigarettes by 300 to 400 percent. I trust this committee would not endorse such an effort as a matter of public policy, regardless of your personal views about smoking.

At the last hearing on this subject, some people asked why we don't simply eliminate from our products. Nicotine plays an essential role in the overall smoking experience. It enhances the taste of the smoke and the way it feels on the smoker's palate, and it contributes to the overall smoking enjoyment. During the past several years there have been a wide variety of attempts to convince the American public that cigarettes are addictive, and some public officials have even gone so far as to put cigarettes in the same class as cocaine and heroin.

You don't need to be a trained scientist to see this isn't true. All you need to do is ask and honestly answer two simple questions. First, would you rather board a plane with a pilot who just smoked a cigarette, one with a pilot who just had a couple of beers, or smoked cocaine, or shot heroin, or popped some pills?

Second, if cigarettes were addictive, could almost 43 million Americans have quit smoking, almost all of them on their own without any outside help? The answers are obvious, and that is precisely my point. Cigarettes are clearly not in the same class as addictive, mind-altering like heroin and cocaine.

I agree that for some people cigarette smoking is habit forming in the same way that other pleasurable activities such as watching TV, eating your favorite foods, sometimes overeating your favorite foods, and drinking coffee can be habit forming. And, yea, some smokers find it difficult to quit.

But there is nothing about cigarette smoking that prevents a person from clearly thinking and making reasoned decisions, including the decision to quit. The allegation that smoking cigarettes is addictive is part of a growing and disturbing trend that has destroyed the meaning of the term by characterizing virtually any enjoyable activity whether it is eating sweets, drinking coffee, playing video games, or watching TV. This defies common sense.

Now, let's go to the real issue, prohibition. The anti-smoking industry is committed to achieving what essentially amounts to prohibition. When confronted, they will tell you they don't want prohibition, but their actions belie those claims. Regardless of what we in the tobacco industry do, our opponents in the anti-smoking industry cry "Foul." We produce high tar cigarettes and they say,

"Reduce tar and nicotine." We lower those levels and they say, "It doesn't matter, regulate those products as drugs."

Let me cite just two examples. When Philip Morris introduced a cigarette that was essentially nicotine-free, the Coalition on Smoking OR Health called it, quote, "The most dangerous product put on the market in the last 10 years." And they petitioned the FDA to ban it.

Several years ago our company test marketed a cigarette that had virtually no tar and less nicotine than 97 percent of the cigarettes on the market. It virtually eliminated second-hand smoke, and was essentially fire safe. The response? The product and our company were viciously attacked, and petitions were filed with the FDA to ban the product. The bottom line is, in the eyes of the anti-smoking industry, we can do nothing right short of firing our employees and going out of business.

A good example is the recent use of scare tactics concerning the ingredients used by the tobacco industry. Ingredients are added to our product to enhance the flavor and aroma of our products. And despite all the claims that have been made about our ingredients, the fact is more than 99.99 percent of this Winston cigarette, and all the cigarettes we make, 99.99 percent is tobacco and ingredients that can be lawfully used in foods. The other 1/100th of 1 percent are ingredients that have been approved by other governments for use in tobacco products.

In addition, all the ingredients used by the industry have been thoroughly reviewed by a blue ribbon panel of experts, scientific experts, toxicologists, who have concluded that those ingredients are, and I quote, "Not hazardous under the conditions of use." So let's be clear about the fact that the anti-smoking industry's call for a smoke-free society by the year 2000 is little more than a thinly veiled attempt to achieve back door prohibition.

If you don't believe that is the case, just look at how extreme some of these efforts are, like trying to prohibit people from smoking outdoors, in public parks, in their cars, or even their own homes. And consider this, alcohol prohibition started with the anti-alcohol movement, claiming that their goal was simply temperance. The American public overwhelmingly opposes prohibition whether it comes in through the front door or sneaks in through the back door. So let's be clear about the fact that back door prohibition is prohibition nonetheless. Raising taxes to force smokers to quit is back door prohibition. Banning smoking in all public places, indoors and outdoors, including parks, work places, and outdoor stadiums to further stigmatize smokers is back door prohibition.

Banning advertising so that new or better products can't be effectively communicated and introduces is censorship and it is back door prohibition. Forcing manufacturers to produce products that smokers find unsatisfying or unacceptable is back door prohibition. Attacking every attempt by the industry to respond to public and smoker concerns is back door prohibition.

And advocating that the FDA regulates cigarettes as a drug, which would effectively ban cigarettes from the market, is clearly back door prohibition.

If any member of this subcommittee truly believed that cigarettes are too dangerous to be sold, then stand up, vote for prohibi-

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tion and be prepared for the consequences. But no one should try to use the back door and force prohibition by saying cigarettes are a drug because they contain tobacco which contains nicotine. My company and I must speak up for smokers and for the 85 percent of all Americans who oppose prohibition.

So I submit the real question before the American public and this subcommittee is this, should cigarettes be outlawed? Will adults be allowed to choose to smoke, to afford to smoke, to smoke outside their homes, or is it time to say, "No, the Government knows better." Thank you.

[Testimony resumes on p. 590.]

[The prepared statement of James W. Johnston follows:]

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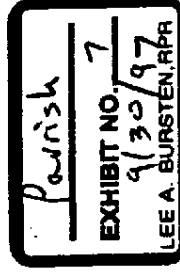
**Statement of R. J. Reynolds Tobacco Company**

**Before the U.S. House of Representatives  
Committee on Energy and Commerce  
Subcommittee on Health and the Environment**

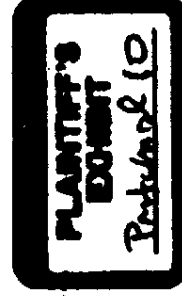
**Concerning Whether the Food and  
Drug Administration Has Jurisdiction to  
Regulate And Therefore Ban Cigarettes**

**April 14, 1994**

5/973 2/38



**TIMN 0046266**



R.J. Reynolds Tobacco Company ("Reynolds Tobacco") welcomes this opportunity to respond to the inaccurate and misleading attacks that have precipitated these hearings. For the past several weeks, Reynolds Tobacco and the rest of the tobacco industry have been bombarded with spurious and inflammatory claims. Our responses to these charges are simple and straightforward:

- Does Reynolds Tobacco add nicotine to its products? No.
- Does Reynolds Tobacco manipulate nicotine yields to create, maintain, or satisfy "addiction"? Again, the answer is no.
- Does Reynolds Tobacco hold patents for technology that relates to modification of nicotine yields independent of "tar" yields? Yes. In fact, for years some governments, smoking and health critics, and international public health scientists have encouraged such developments in cigarette design.
- Is Reynolds Tobacco using such technology commercially? No.
- Is cigarette smoking an "addiction"? No, cigarette smoking is not an "addiction" under any meaningful definition of the term, including the new definition presented by Dr. Kessler before this Subcommittee.

There is no factual or policy basis to regulate or ban cigarettes as drugs simply because they contain nicotine or simply because cigarette manufacturers have the ability to reduce the nicotine yields of their products. This company is not engaged in some sinister plot to deceive the American smoker.

#### Progress or Prohibition

If this Subcommittee fairly and objectively evaluates the true facts about cigarette design, it must find that the efforts of Reynolds Tobacco and others in the industry demonstrate a remarkable record of achievement and progress. This company is justifiably proud of those accomplishments and of the dedicated and talented employees who have

TIMN 0046267

contributed and now contribute to them. We regret that others seek to advance an agenda of prohibition over progress.

Today, we are here to discuss whether there is a basis for FDA regulation of cigarettes as drugs. Contrary to many reports, this issue is not novel. In fact, the question has been advanced and rejected many times before. For example, twenty-two years ago, the Commissioner of the Food and Drug Administration (FDA), Dr. Charles C. Edwards, testified at a hearing similar to this one before the Consumer Subcommittee of the Senate Committee on Commerce. Dr. Edwards stated, "Cigarettes and other tobacco products would be drugs subject to the Federal Food, Drug and Cosmetic Act if medical claims are made for the product. . . . However, cigarettes recommended for smoking pleasure are beyond the Federal Food, Drug, and Cosmetic Act."<sup>1</sup> Dr. Edwards was echoing a conclusion that has been consistently reached - both by FDA and the courts prior to and after his statement.<sup>2</sup>

Three weeks ago, FDA Commissioner Dr. David Kessler appeared before this Subcommittee and testified extensively concerning the "task facing the FDA," which he characterized as "to determine whether nicotine-containing cigarettes are 'drugs' within the

To Amend the Federal Cigarette Labeling and Advertising Act to Require The Federal Trade Commission to Establish Acceptable Levels of Tar and Nicotine Content of Cigarettes. 1972: Hearings on S.1454 Before the Consumer Subcomm. of the Senate Comm. on Commerce, 92nd Cong., 2d Sess. 239 (1972) (statement of Charles C. Edwards, Comm., FDA).

<sup>1</sup> See, e.g., FTC v. Lippett and Myers Tobacco Co., 108 F.Supp. 573 (S.D.N.Y. 1952), aff'd on op. below, 203 F.2d 955 (2d Cir. 1953); Letter from Donald Kennedy, Commissioner of Food and Drugs, to John F. Banzhaf, III, Dkt. No. 77P-0185 (December 5, 1977); Action on Smoking & Health v. Harris, 655 F.2d 236 (D.C. Cir. 1980).



meaning of the Federal Food, Drug, and Cosmetic Act." All cigarettes sold are "nicotine-containing cigarettes," and indeed the tobacco plant is known as nicotiana glauca in recognition of the fact that it naturally contains nicotine. Moreover, the facts relevant to whether FDA has jurisdiction over cigarettes today are substantially the same as when Dr. Edwards testified in 1972 and when the FDA rejected petitions to regulate cigarettes in 1977 and on other occasions. At those times, as is the case today, a variety of cigarette brands was available to consumers which yielded a variety of "tar" and nicotine levels. Through advances in cigarette design and in response to consumer preferences, however, the average cigarette sold today yields one-third less "tar" and nicotine than when Dr. Edwards testified.

#### Cigarette Design

How and why have these reductions in "tar" and nicotine yields come about? To evaluate these questions completely, it is imperative to consider the evolution in the design of cigarettes over the last forty years - an evolution that, in its purpose and effect, differs significantly from the grossly inaccurate allegations and misrepresentations by our critics in these proceedings and recently in the press. In short, Reynolds Tobacco designs cigarettes to respond to consumer demand and to attempt to address the many scientific and other criticisms that have been leveled at our products for more than forty years. Today's cigarettes reflect the enormous efforts to respond directly to consumer demand and those criticisms and suggestions. A very brief discussion of the history of cigarette design will illustrate why these recent claims are misguided.

Early cigarettes were primarily cut tobacco (much like pipe tobacco) wrapped in paper, with flavorings such as the oil of citrus peels. The quality of a cigarette depended

primarily on the single type of tobacco it contained - Turkish tobacco was used in premium cigarettes and domestic air-cured or flue-cured tobacco was used in less expensive cigarettes. The first American blend cigarette, which combined both Turkish and domestic tobacco, was Reynolds Tobacco's Camel brand, introduced in 1913. Although slightly different blends and different materials were used in cigarette manufacturing, cigarettes remained largely unchanged until the early 1950s.

At that time, most cigarettes produced in the United States were made from flue-cured, burley and Turkish tobacco. They were 70 mm long and unfiltered. When smoked, these cigarettes yielded an average of 40 mg of "tar" and 2.8 mg of nicotine by methods comparable to those used by the United States Federal Trade Commission (FTC). (The FTC methods became official in 1969).

A number of watershed developments in the early 1950s led to another evolution in cigarette design. Several epidemiologic studies published during the early 1950s reported that there was a statistical association between cigarette smoking and lung cancer. Also, in 1953, Dr. Ernst Wynder and others published the results of a mouse skin painting experiment in which the researchers observed skin tumors on the backs of mice exposed to cigarette smoke condensate.

All these studies were widely publicized in the general media and the media coverage affected consumer demand. Reynolds Tobacco in turn has made extensive efforts to respond to these scientific theories and demands and the tastes of its consumers to produce a broad array of products.

Since the 1950s, Reynolds Tobacco, among many other lines of research, has pursued two basic lines of research and development in this area: (1) Identification of individual

constituents in tobacco smoke and development of technology to attempt to reduce or remove those of potential concern, and (ii) development of new technologies to reduce yields of "tar" and nicotine generally. The first line of research has had limited success; the second line of research has been remarkably successful.

### Selective Reduction

During the 1950s and early 1960s, many researchers focused on one chemical constituent of smoke (or a family of constituents) in the search for a "cancer-causing" agent that would explain the epidemiologic and skin painting results. This focus turned to disappointment, as reflected in the 1964 Report of the Advisory Committee to the Surgeon General ("Surgeon General's Report"). From the mid-1950s until today, a succession of constituents has been targeted by the biomedical community. Even today, however, the biomedical community has been unable to agree on which, if any, of those constituents is responsible for the reported association between cigarette smoking and lung cancer.

Cigarette manufacturers and others explored and published numerous methods to reduce or eliminate individual constituents (or a family of constituents) in cigarette smoke, e.g., reducing the temperature at which the cigarettes burned, breeding tobacco plants to change the chemical composition of the tobacco, and adding different types of filters or other filtration mechanisms to the cigarette. Unfortunately, manufacturers faced a moving target as the focus changed from constituent to constituent. Constituents of concern at one point in time were later determined by the scientific community to be of no significance. Moreover, techniques that might have selectively reduced a constituent in the laboratory

commonly increased another constituent. In general, efforts to reduce individual constituents have not been successful.

### General Reduction

During the same period, Reynolds Tobacco and other cigarette manufacturers also directed their research to attempt to reduce levels of all constituents. This approach, also advocated by researchers such as Dr. Ernst Wynder, offered advantages over selective reduction because it led to the reduction of total smoke yields and the levels of individual compounds more or less proportionately.

To understand the concept of general reduction, it is essential to understand what smoke is. Smoke is a complex mixture -- it consists of a particulate or "tar" phase as well as a vapor or gas phase. Since the mid-1950s, cigarette manufacturers have devoted extensive resources to achieve a general reduction in "tar" and the vapor phase components of cigarettes smoke. Techniques incorporated in cigarettes over the last 40 years which reduce "tar" include:

- Filtration
- Reconstituted tobacco
- Paper porosity
- Reduced tobacco
- Expanded tobacco
- Filter ventilation

Design changes such as the development of more porous cigarette paper, improved filtration, and the use of expanded (or "puffed") tobacco and reconstituted tobacco made

general reduction possible. By utilizing one or more of these techniques, cigarette manufacturers can offer smokers a variety of cigarettes with a range of "tar" and nicotine levels. Cigarette designers have been so successful in their efforts to respond to the demand for these reductions that today there are commercially available cigarettes that yield "tar" and nicotine at levels so low they cannot be measured reliably by the FTC's standard procedure.<sup>3</sup> In 1979, the Surgeon General listed more than 25 different design techniques that reduce yields of "tar" and nicotine.<sup>4</sup> Each of these techniques has been well-publicized and known to the government, public health, scientific and even lay communities. A brief analysis of these design achievements demonstrates the effectiveness of general reduction methods to achieve lower yields of "tar" and other smoke constituents.

The earliest developments included the cellulose acetate filter, use of porous paper, and use of reconstituted tobacco. Each of these developments was in place by 1965, and "tar" and nicotine yields had been reduced dramatically. After 1965, the principal design

See, e.g., Federal Trade Commission, "Tar," Nicotine and Carbon Monoxide in the Smoke of 207 Varieties of Domestic Cigarettes 2-3 (1985).

Public Health Service, U.S. Department of Health, Education, and Welfare, Smoking and Health: A Report of the Surgeon General 14:110 (1979) ("1979 Surgeon General's Report"). The techniques identified in the 1979 Surgeon General's Report were genetics and breeding of tobacco plants, planting density, nitrate fertilization, applying agricultural chemicals, topping the tobacco plant at different stages, altering the type of tobacco, altering the position of the stalk, changing the nitrate content, selecting tobacco with specific constituents (e.g., proteins, carbohydrates, resins), curing, homogenized leaf curing, grading, fermentation, solvent extraction, tobacco expansion (freeze-drying), additives, blending, changing the amount of tobacco, changing the amount of tobacco stems, utilizing varying amounts of reconstituted tobacco, using expanded tobacco, varying the tobacco cut, using porous cigarette paper, perforating the cigarette paper, smoke filtration, and perforating the filter tips. Id. at 14:108-111.

breakthroughs were expanded tobacco and air dilution through perforation of cigarette filters. Expanded tobacco resulted from the search for ways to reduce the volume of tobacco in each cigarette in order to reduce "tar" and nicotine yields. The tobacco is "puffed" or expanded in order to allow the same amount of tobacco to occupy more space, much like popping popcorn. As a result, each cigarette is filled with less tobacco, there is less tobacco available to be burned, and the yields of "tar" and nicotine are therefore reduced. Reynolds Tobacco developed expanded tobacco and was the first to introduce it commercially, in 1961. In fact, Reynolds Tobacco licensed this process to others in the industry for commercial use throughout the world.

In the late 1960s, scientists discovered that perforating the cigarette filter allows air to mix with the mainstream smoke, thereby diluting the smoke and reducing the total yields of "tar," and nicotine. Air dilution also reduces the burning temperature of tobacco and causes less tobacco to be burned per puff, thereby further reducing the "tar" and nicotine yields. Perforated filters were first sold commercially in about 1972. By 1981, approximately 50% of all cigarette brands sold had perforated filters.<sup>5</sup>

By 1981, the tobacco content by weight of the average cigarette had declined by 23.8% through the use of expanded tobacco.<sup>6</sup> In some ultra low-"tar" brands, expanded

Public Health Service, U.S. Department of Health and Human Services, The Health Consequences of Smoking: The Changing Cigarette. A Report of the Surgeon General 209-10 (1981) ("1981 Surgeon General's Report").

<sup>6</sup> Id. at 209-10.

TIMN 0046274

tobacco was used to a much greater extent to reduce the weight even more dramatically.<sup>7</sup> Thus, as part of the design techniques to achieve lower yields of 'tar' and other smoke constituents, the amount of tobacco in cigarettes has been reduced, with the corresponding result that the smoke nicotine has also been reduced dramatically.

The cigarette design efforts discussed above have been reviewed and commended by government and other scientists. For example, from 1966 through 1978, the National Cancer Institute supported a program to develop a "less hazardous cigarette". This effort involved government, tobacco industry, public health groups, and universities. Reynolds Tobacco and other cigarette manufacturers participated in this program. The NCI program evaluated over 100 different cigarette designs - many of which had already been incorporated in commercial cigarettes by the major manufacturers. The results of this program indicated that the general reduction approach as described above was the best approach to respond to the scientific criticisms of cigarettes. Importantly, virtually every design variable that was evaluated by the NCI group had been developed by the United States tobacco industry and utilized in a commercial brand.

In 1979, scientists involved in the field of smoking and health came together at the Banbury conference. This conference reviewed virtually all work that had been done to modify cigarettes during the previous twenty-five years in response to the smoking and health controversy. All of the papers presented at the Banbury conference were published.

This point is especially significant because it addresses Dr. Kessler's "surprise" at finding that, for some brands in the ultra low-'tar' category, the percent nicotine in the tobacco itself might be the same or slightly higher than the percent nicotine in the tobacco used in higher-yield cigarettes. Reducing the amount of tobacco has a major influence on the nicotine yield to the smoker.

TIMN 0046275

together with all the debate and discussions. The consensus among scientists participating in that program was that overall "tar" and nicotine reduction was the most effective and most appropriate approach. Several scientists, including Dr. Dietrich Hoffmann, acknowledged the responsiveness of the tobacco industry:

I do think the tobacco industry, voluntary or not, adjusts very well to the demands of the logical reasoning of the scientific community and that we should continue on this path.

In Dr. Kesler's March 25, 1994 statement, he asked the cigarette companies to address the intent of cigarette design developments. The clear intent behind cigarette design developments has been and remains to manufacture and market a broad range of cigarette products in response to the demands and tastes of today's adult smokers and to ensure cigarettes to cigarettes and pack to pack consistency within a brand. Within the universe of cigarette products, there is a range of "tar" and nicotine levels. As noted earlier, reducing "tar" yields automatically results in roughly proportional reductions in nicotine yields. That is seen by the dramatic reduction in both "tar" and nicotine achieved by Reynolds Tobacco and other cigarette manufacturers since 1955.

In 1957, Dr. Ernst Wynder and others called for efforts to reduce "tar":

[F]or practical purposes, a filter-tip capable of filtering out 40 percent of the tar would be a step in the right direction . . . .  
"Such a filter-tip . . . placed on a regular-size cigarette which normally yields 30 milligrams of tar in its smoke, would reduce the smoker's tar exposure to about 18 milligrams. A reduction to that level, as shown both by animal experiments and human

Dietrich Hoffmann, Discussion in "Risk Reduction Achievements", Banbury Report  
3 - A Safe Cigarette?, pp. 155-178 at 174 (1980).



statistical studies would be a significant reduction in cancer risk.

The tobacco industry has accomplished this objective -- and has gone much further. The vast majority of today's cigarettes are 85-100 mm long, have filters and yield an average of 11.5 mg of "tar" and 0.3 mg of nicotine. Some cigarettes now available yield less than 1.0 mg of "tar" as measured by the FTC method.

These "tar" and nicotine reductions have largely been achieved through innovations in cigarette design -- innovations pioneered by Reynolds Tobacco and other members of the tobacco industry. Since the complexity of smoke provides a cigarette with its taste and other sensory properties, many of these reductions in "tar" and nicotine have come at the expense of flavor. Some smokers are unwilling to sacrifice flavor for reduced "tar." This has prompted a continuing effort to develop new cigarette designs.

It is ironic that in the face of the overwhelming recommendations of just such an approach, certain public and private critics of cigarettes have decided once again to attack the industry -- and to seek to stop, if not to reverse, the extensive design innovations that other public and private critics have encouraged over the years.

#### Tar/Nicotine Ratios

Reynolds Tobacco does not manipulate the nicotine in its products to create, maintain, or satisfy "a fiction". Claims to that effect are false. As "tar" yields have been reduced over the years, nicotine yields have also been reduced, roughly in proportion to the "tar." The fact that "tar" to nicotine ratios are not exactly the same for all cigarettes is not

Matrix, L. and Monahan, S., "Wanted -- And Available -- Filter-Tips That Really Filter", Reader Digest, pp. 43-49, 44 (August 1957) (quoting Dr. E.L. Wynder).

news to anyone familiar with tobacco products or to anyone who has reviewed the extensive "tar" and nicotine reports published by the FTC.

Reynolds Tobacco's cigarettes contain approximately one and one-half to two and one-half percent nicotine, depending upon the tobacco blend. When burned, these cigarettes yield varying amounts of "tar" and nicotine. "Tar" to nicotine ratios, while not constant, are very closely linked because both are found in the particulate phase of smoke. As "tar" yield is reduced, through filtration, paper porosity, expansion, and other design parameters, nicotine yield is also reduced. Filters, however, are slightly more efficient at reducing "tar" yield than nicotine yield. This is due to the fact that cellulose acetate, the primary filter material used by Reynolds Tobacco and others, was developed to reduce "tar" yield. The ability of these filters to reduce the gas phase constituents is somewhat limited. Since a small amount of nicotine (unlike "tar") is found in the gas phase of cigarette smoke, as well as in the particulate phase, slightly more "tar" is filtered out of the smoke, proportionately, than nicotine. Thus, as yields are reduced, the ratio of "tar" yield to nicotine yield is reduced slightly.

In response to the fact that "tar" and nicotine yields are so closely and naturally linked in cigarette smoke, many public health officials and others have suggested that the tobacco companies should attempt to develop cigarettes which break that link. In other words, we have been encouraged to develop cigarettes with reduced "tar" while maintaining nicotine yields. Notable among officials who have encouraged such development is the Independent Committee on Smoking and Health of the United Kingdom, which recommended in 1963 that "... there should be available to the public some brands with

low levels of tar and a proportionately higher nicotine yield.<sup>10</sup> According to one recent publication cited by Dr. Kessler in his testimony:

One proposal has been to develop tobacco that is high in nicotine but low in tar. This is not easy to do naturally; nicotine and tar are highly correlated in the tobacco leaf. One method would be to add nicotine to a low tar, low nicotine cigarette.<sup>11</sup>

The fact is many scientists, government and/or public health officials have suggested reducing "tar" to nicotine ratios as a way toward potential progress in cigarette design.<sup>12</sup>

Much as the industry responded to calls to reduce "tar" and nicotine yields in the 1950s and 1960s, Reynolds Tobacco has devoted research to responding to these calls to reduce the "tar" to nicotine ratios. Out of the hundreds of patents issued to Reynolds Tobacco personnel over the years, Dr. Kessler referred to nine Reynolds Tobacco patents during his recent testimony to this Subcommittee. These patents reflect work that Reynolds has done in this area. As Dr. Kessler recognized, however, patents do not necessarily reflect what is being used in practice. While Reynolds Tobacco has been able to develop a cigarette which dissociates "tar" and nicotine in the laboratory, it has not been able to achieve an acceptable commercial product. As stated above, this is not easy to do because

<sup>10</sup> Third Report of the Independent Scientific Committee on Smoking and Health of the United Kingdom (1983).

<sup>11</sup> Schelling, T.C., "Addictive Drugs: The Cigarette Experience," *Science* Vol. 255:430-433 (1992).

<sup>12</sup> See, e.g., "UICC Tobacco Control Fact Sheet 3," Tobacco and Cancer Programme, International Union Against Cancer (March 1993); Editorial, "Monsieur Nicot's Legacy," *Lancet* II (8249): 763 (1981); Russell, M.A.H., "Smoking and Society (There Is No Question)," *Rehabilitation*, 32 (1-4): 41-42 (1979).

"tar" and nicotine are so highly correlated. If we could develop such a cigarette acceptable to the consumer, it would apparently be welcomed and encouraged by European governments and public health officials, rather than being characterized as some sinister plot by tobacco companies as Dr. Kessler appears to characterize it.<sup>13</sup> In fact, none of the nine Reynolds Tobacco patents cited by Dr. Kessler has been used commercially.

#### Published FTC "Tar" and Nicotine Yields

The amount of nicotine present in a cigarette is in large part a result of the choice of tobacco used in the cigarette blend, which are chosen because of their taste and other properties.<sup>14</sup> It is not present as a result of a decision to "manipulate" nicotine levels to some carefully controlled "addictive level." The concept of an "addictive level", raised but not defined by Dr. Kessler, is not a concept known to or understood by Reynolds Tobacco. Neither this concept, nor any similar concept is used by Reynolds Tobacco in the design of its cigarettes. We do not know what the concept means, and we are unaware of any data

<sup>13</sup> In 1968, Reynolds Tobacco introduced Premier, a cigarette that heated rather than burned tobacco. That cigarette addressed many of the scientific criticisms that had been made against cigarettes for many years. It virtually eliminated "tar", it vastly reduced environmental tobacco smoke, and it reduced cigarette ignition propensity. Despite these attributes, certain U.S. government officials, public health officials and, of course, anti-smoking activists launched a vigorous attack on the cigarette - in terms that sound strikingly similar to the anti-smoking rhetoric surrounding this current debate. European health officials, on the other hand, and some United States scientists recognized the attributes of Premier and, indeed, encouraged the development of similar cigarette technologies. See, e.g., "Smoking Pressure Without the Danger of Fire and Risks To Health," *Die Neue Aesthetik* (December 19, 1968); Hoffmann, D., et al., "Cancer of the Upper Aerodigestive Tract: Environmental Factors and Prevention," *Journal of Smoking-Related Diseases* 3(2): 109-129 (1972).

<sup>14</sup> A variety of agricultural factors and practices influence these properties, including, for example, tobacco type, stalk position of the leaf, curing practices, and crop year.

that give it meaning. Further, what is relevant is not what is present in the cigarette, but what is present in the smoke.

Dr. Kessler has made much of the fact that the FTC numbers do not necessarily reflect the precise 'tar' and nicotine yields for every smoker. This is certainly true, just as EPA mileage estimates do not reflect the precise fuel economy that will be achieved by every automobile driver. The important point is that in spite of broad variations in how individual smokers may smoke any given cigarette, the fact remains that the lower the yield by FTC numbers, the lower the yield will be to any given smoker. The yield for any given smoker will probably be different from the FTC yield; for some smokers it will be higher, for some it will be lower, but overall, the FTC yields are generally predictive of the yield to smokers as a group. The statement, however, that 'In reality' low yield cigarettes do not yield low 'tar' and nicotine, is not true. In work published by members of the Swiss Federal Institute of Technology, lower yield cigarettes were associated with reduced smoke absorption.<sup>15</sup>

Another indication of Dr. Kessler's misunderstanding of cigarettes relates to his statements concerning low 'tar' cigarettes. He stated that from 1967 to 1978 eighteen brands of filter cigarettes underwent increases in overwrap width, resulting in less tobacco being smoked by machine smoking in accordance with the FTC method. Since the FTC method specifies that the cigarette is smoked to within 3 millimeters of the tipping overwrap, and Dr. Kessler stated that the tobacco within the overwrap was still smokeable

<sup>15</sup> Hofer, et al., "Nicotine Yield as Determinant of Smoke Exposure Indicators and Puffing Behavior," Pharmacology Biochemistry and Behavior, Vol. 40, 139-149 (1991).

(and would be smoked by the consumer), he concluded that these brands deviously "cheat" the FTC method. This is not true. First, Reynolds Tobacco uses standard tipping overwrap and has not increased the width because that would reduce puff count and the value to our consumers. But, more importantly, the tipping overwrap simply is not smokeable. No smoker would consciously smoke the overwrap more than once. The tipping paper, because it is not intended to be smoked, imparts a significant off-taste to the cigarette smoke.

Finally, in his testimony before this Subcommittee, Dr. Kessler used several charts (which have since been widely publicized) to support his contention that the nicotine/tar ratio for the lowest "tar" cigarettes has increased since 1982 on a sales weighted basis. This allegation surprised Reynolds Tobacco as much as it surprised Dr. Kessler. Company scientists immediately tried to duplicate Dr. Kessler's charts, using the identical FTC data and the only publicly-available brand sales data of which this company is aware. Despite applying the same data allegedly employed by Dr. Kessler's staff, our scientists cannot duplicate these findings. In fact, our results show exactly the opposite - nicotine yields and nicotine/tar ratios in the lowest "tar" category decreased slightly between 1982 and 1991 - the time period covered by Dr. Kessler's charts. We have, in fact, asked FDA staff members to provide its data and complete methodology. We would welcome the opportunity to review the data and methodology used by FDA staff to prepare these charts, so that we would have a full opportunity to understand and review the procedures used and evaluate the conclusions reached.

### The "Addiction" Hypothesis

A major premise of the charges against the cigarette industry today is the claim that cigarettes are "addictive". Dr. Kessler and our other critics rely on selective and incomplete evidence to support this claim. They ignore significant and meaningful differences between cigarettes and truly "addictive" drugs. When long-established criteria for labelling a substance or activity as "addictive" do not permit our critics to fit cigarette smoking nicely within the existing criteria these critics resort to a simple tactic to further their agenda - they attempt to lower the standards and change the definition of "addiction" and its alleged components.

In 1964, the Advisory Committee to the Surgeon General recognized that cigarette smoking did not meet well-established criteria for "addiction." In 1968, the Surgeon General altered the definition to fit the existing data on smoking. In essence, the Surgeon

\* The 1964 Advisory Committee Report to the Surgeon General defined "addiction" as follows:

"a state of periodic or chronic intoxication produced by the repeated consumption of drug (natural or synthetic) whose characteristics include:

- "(1) An overpowering desire or need (compulsion) to continue taking the drug and to obtain it by any means;
- "(2) A tendency to increase the dose;
- "(3) A psychic (psychological) and generally a physical dependence on the effects of the drug;
- "(4) Detrimental effect on the individual and on society"

The Report concluded that tobacco smoking was properly classified as a habituation. 1964 Surgeon General's Report, 351, 354.

General moved the goalposts after he located the ball on the field. We categorically reject the claim that cigarettes are "addictive", and we know that an objective review of the facts and science supports our position.

Dr. Kessler defined "addiction" in terms of four elements:

- compulsive use
- psychoactive effect
- reinforcing behavior
- withdrawal symptoms

When each of these elements is carefully analyzed in an unbiased manner, it becomes clear that cigarette smoking is no more "addictive" than coffee, tea or Twinkies.<sup>17</sup> Further, in spite of the efforts to expand the definition, it still does not properly encompass cigarette smoking.

1. Compulsive use. This concept of compulsive use, like the definition of "addiction" itself, has undergone a redefinition in an attempt to encompass cigarette smoking. The classic definition of "addiction", as used in the 1964 Surgeon General's Report, properly defines compulsive use seen with hard drug addiction as "an overpowering desire or need (compulsion) to continue taking the drug and obtain it by any means." This is precisely what is seen with truly "addicting" substances like cocaine and heroin. The

<sup>17</sup> Using similarly vague definitions, researchers claim to have discovered addiction to love, jogging, television, credit cards and even eating carrots. See, e.g., Peele, S., Love and Addiction, 1976; Hailley and Bailey, "Negative Addiction in Runners," (1979); Wism, M., The Fine Line in Drug (1977); Extra Magazine, April 5, 1987, p. 28; Wright, M.R., "Surgical Addiction: A Complication of Modern Surgery?" Archives of Otolaryngology, Head and Neck Surgery, 112: 870-872 (1986); Cerny and Cerny, "Can Carrots Be Addictive? An Extraordinary Form of Drug Dependence," Br. J. Add. 87:1195 (1992).



desire is overpowering and leads to criminality and violence, if necessary, to satisfy the need for the drug.

In the 1988 Surgeon General's Report, the term "compulsive use" was expanded to include behaviors driven by "strong urges".<sup>18</sup> There is a world of difference between the irresistible need of the hard drug addict and a "strong urge" to engage in a pleasurable behavior or activity. People have strong urges to eat sweets, drink coffee and watch their favorite soap operas. It is misleading to label these types of "urges" as compulsions. Smokers are frequently in situations where they resist the urge to smoke. They are not in the throes of an overpowering desire to use and obtain cigarettes by any means. They do not remotely resemble cocaine addicts whose very real compulsion to take this highly intoxicating drug totally disrupts their lives, their families and their occupations.

Smokers are now constantly characterized as addicted and thus unable to quit. Common sense belies this conclusion. Since 1974, more than 40 million people have stopped smoking permanently without any outside intervention or assistance. As one ex-smoker has candidly acknowledged: "To quit, you have to decide you want to quit. Then you quit."<sup>19</sup>

The full definition states: "Highly controlled or compulsive drug use indicates that drug seeking and drug-taking behavior is driven by strong, often irresistible urges". It provides no criteria for determining when a strong urge becomes "irresistible". In fact, no such criteria exist, as admitted by the American Psychiatric Association. "The line between an irresistible impulse and an impulse not resisted is no sharper than that between twilight and dusk..." See "American Psychiatric Association Statement on 'The Insanity Defense'", *Am. J. Psychiatry* 140(6), 681-688, 1983.

<sup>18</sup> Leonard Larson, Scripps Howard News Service.

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This is not to say that stopping smoking, or changing any well-liked, habitual behavior is easy. It takes effort and commitment. But, the process is not different from successfully losing several pounds and maintaining the weight loss or developing a regular exercise program. It is completely different from successfully recovering from hard drug addiction or alcoholism. The true addict must overcome severe physical withdrawal, rebuild every aspect of his life, learn new value systems, and approach life without being constantly hindered. None of these impediments is present in stopping smoking.

2. **Psychoactive effect.** Originally, the scientific community described the term 'psychoactive' to include, as a necessary component, distortions or disruptions in cognitive and motor performance, i.e., intoxication. Those concepts were in effect for decades and were included in the 1964 Surgeon General's Report.<sup>20</sup> Smoking/nicotine, however, does not produce intoxication. To eliminate this inconvenient truth, the 1988 Surgeon General's Report redefined 'psychoactive' to mean anything that gets to and produces effects in the brain. Based on this impetuous and revised definition, nicotine is psychoactive. So too is the caffeine in chocolate, coffee and soft drinks. Sugar, warm milk, cheese, and many other everyday substances and common pleasant experiences (such as watching sporting events or listening to music) also produce psychoactive effects similar to those from smoking. They are quite unlike the profound effects caused by hard drugs and alcohol. It is the intoxication of hard drugs and alcohol that sets them apart and causes muddled thinking and loss of self control.

<sup>20</sup> Robinson, J.I. and Pritchard, W.S., "The Role of Nicotine in Tobacco Use." *Psychopharmacology* 108, (4): 397-407, 1992.

Dr. Kessler testified that nicotine contained in cigarette smoke releases a certain chemical (dopamine) in the "pleasure centers" of the brain, resulting in similar effects as addicting drugs such as heroin and cocaine. Dr. Kessler failed to acknowledge that many different pleasurable and not so pleasurable experiences and activities also result in the release of dopamine in these "pleasure centers". Once again, the attempted analogy becomes meaningless when viewed objectively and without blinders. Dopamine release is one part of the neuro-chemical response to both pain and pleasure. It will occur if one receives an electric shock or slap in the face and also occurs in response to pleasant experiences of all kinds. Attempting to mystify a basic physical reaction and implying that it only occurs with addicting drugs is misleading at best.

3. Reinforcing behavior. Dr. Kessler's third criterion, reinforcing behavior, provides yet another example of the attempt to invest commonplace concepts with scientific mystique, combined with an erroneous implication that the condition only occurs with addicting drugs. Such is not the case. As presented in the 1983 Surgeon General's Report, reinforcing behavior merely refers to the fact that a pleasant experience will likely be repeated, whether it involves a chemical or activity.<sup>21</sup> Dr. Kessler cites two lines of evidence as support for his claims regarding reinforcement from nicotine:

1. That animals can be trained to self-administer nicotine; and
2. The experiments which claim that nicotine causes activation of "pleasure centers" in the brain involving dopamine.

<sup>21</sup> The report artificially attempts to separate reinforcement involving chemicals from those involving activities. In reality, it is the magnitude of the effect that is most important, not the source. Further, we reject the notion that the reinforcement, or pleasure, derived from cigarette smoking is solely the result of ingestion of nicotine.

Although it is true that animals will self-administer nicotine under certain very limited circumstances, this does not imply that the effects produced by or the motivation for ingesting nicotine are in any way similar to those of truly 'addicting' drugs. Scientists at the Bowman Gray School of Medicine, in association with a Reynolds Tobacco scientist, recently published a peer-reviewed study demonstrating that nicotine and caffeine are very weak reinforcers when compared to cocaine and methylphenidate (Ritalin®).<sup>22</sup> Their findings were in line with the overall weight of the scientific evidence, which has consistently found caffeine and nicotine are both weak reinforcers.<sup>23</sup> Animals can be trained to self-administer a wide variety of substances. Animals have been trained to self-administer very painful electric shocks, and morphine addicted monkeys have been trained to self-administer opiate antagonists, precipitating very painful withdrawal symptoms. However, none of these self-administration behaviors proves the existence of an 'addiction'. Moreover, animals do not have to be extensively trained to self-administer cocaine or heroin. Once they start receiving either drug, they quickly become hooked and self-administer it to the exclusion of food and water and will die if not stopped.

4. Wild animal kingdom. Although nicotine withdrawal was defined in 1967 by the American Psychiatric Association (DSM-III-R) as an element of tobacco dependence,

<sup>22</sup> Dworetz, et al., "Comparing the Reinforcing Effects of Nicotine, Caffeine, Methylphenidate and Cocaine," *Medical Chemistry Research*, Vol. 2:593-602 (1993).

<sup>23</sup> Griffiths, R.R., Brady, J.V., and Bigelow, G.E., "Predicting The Dependence Liability of Stimulant Drugs" in Thompson and Johnson *Behavioral Pharmacology of Human Drug Dependence*, NIDA Monograph 37, 1961, p. 92. This position has not changed. Griffiths, R., American Psychiatric Association Annual Meeting, San Francisco, CA (1991).

the associated symptoms were identified in the 1964 Surgeon General's Report: restlessness, anxiety, trouble concentrating, and other "mild and variable symptoms".<sup>24</sup> That report stated that these symptoms were the same as those seen when any well-liked behavior was suddenly stopped. No ring new has been established in this area. Caffeine withdrawal is much more well-established and well-defined, including the physical symptom of the "extreme headache." Under Dr. Kessler's definition, caffeine and heroin should be treated equally.

Smoking cessation never involves any of the severe physical and behavioral disruptions involved in withdrawal from truly addicting drugs such as heroin, cocaine, and amphetamines. In fact, the symptoms of hard drug withdrawal normally require medical treatment. With many drugs (e.g., barbiturates and alcohol), the addict can die from withdrawal if not medically treated. An addict undergoing withdrawal from hard drugs is unable to think clearly or control his actions while in the throes of withdrawal. This is never the case with cigarette smokers who quit. They continue to attend to their responsibilities and lead normal lives. The symptoms reported by cigarette smokers when they stop are of the same kind and magnitude reported by dieters and people changing sleep patterns (e.g., changing from the first to third shift at work).<sup>25</sup>

<sup>24</sup> 1964 Surgeon General's Report, supra, at 352.

<sup>25</sup> It should be noted that DSM-III-R states that there is no evidence that, even at its most severe level, tobacco withdrawal prevents a person from successfully stopping. The same can not be said for barbiturates, alcohol or crack cocaine. Diagnostic and Statistical Manual of Mental Disorders (Third Edition - Revised) American Psychiatric Association, (1987), 151.

Cigarette smoking is more like drinking coffee and eating chocolate than like using cocaine, heroin, or any truly addicting hard drug. Cigarettes, however, are unpopular, which is why our critics strain so mightily to demonstrate that smoking is "addictive". The plain truth is that, under any objective scientific (or common sense) measure, cigarette smoking should not be considered "addictive".

Dr. Kessler and others support their assertions by repeating a deluge of facts that, in their judgment, prove their conclusions. Let us examine just a few of these "facts":

First, Dr. Kessler quotes a 1993 Gallup Survey reporting that 75% of smokers say they are addicted. What Dr. Kessler does not report is that the same survey found that 69% of the same smokers said they "could quit if I wanted to." Moreover, this survey was conducted after the well-publicized 1988 Surgeon General's Report, which equated cigarette smoking with cocaine and heroin addiction. Does Dr. Kessler not believe that such publicity could affect responses to this survey?

Dr. Kessler states that "By some estimates, as many as 74 to 90 percent are addicted." He relies on a paper by Higgins, et al. This paper also included the comment, "In addition, the fact that this definition [referring to DSM-III-R] described 90% of the tobacco users in this study is dependent suggests that it is over inclusive and thus may lack diagnostic discriminability".

Dr. Kessler makes repeated references to how certain percentages of people "may" or "might" possibly behave in certain circumstances. In one example, he discusses patients who decline to smoke after surgery or a coronary event. Some compare to smokers, most quit. Some also follow their doctor's advice and eat less fat, exercise regularly and lose weight. Some don't. The fact that human behavior runs a wide gamut when faced with similar situations tells us something about human behavior and little about smoking or nicotine.

Dr. Kessler's "experts" tell him that most smokers reach for their first cigarette within 30 minutes of waking. He concludes that this fact is "a meaningful measure of addiction". By this measure, most coffee drinkers should be considered addicts.

Manufacturers of coffee makers have even developed machines which brew coffee prepared by exact times to ensure that the coffee "addiction" can be satisfied immediately upon awakening.

It should be pointed out that Dr. Kessler's "definition" of addiction would classify most coffee, cola, and tea drinkers as caffeine addicts. Caffeine is psychoactive and the effects last longer than those of nicotine.<sup>2</sup> Many people experience a "strong urge" for a cup of coffee each morning. There is a well-established physical withdrawal syndrome for 2-3 cups a day coffee drinkers who suddenly stop drinking coffee. Is caffeine similar to cocaine and heroin because of this? Neil Benowitz, one of the editors of the 1988 Surgeon General's Report, admitted that caffeine meets their new definition of addiction:

Many physicians have treated patients who continue to drink large quantities of caffeinated beverages in the face of information that caffeine is harmful to their health and advice to quit. Such behavior suggests that these people are addicted to caffeine. Addiction liability can be analyzed according to criteria recently presented by the United States Surgeon General. The three major criteria for addiction liability are psychoactivity, drug-reinforced behavior, and compulsive use. That caffeine is psychoactive and that some people consume caffeine compulsively is clear. That caffeine reinforces its consumption has recently been demonstrated in people, although reinforcement is highly dependent on the dose, with excess doses producing dysphoria. Minor criteria for addiction liability include the development of tolerance, physical dependence, and recurrent intense desire for the drug, all of which are characteristic of regular caffeine consumers. Thus, there is a group of coffee drinkers who appear to be addicted

<sup>2</sup> See Jaffe, J. and Kaniner, M., "Nicotine: Tobacco Use, Abuse and Dependence, Subst. Abuse, 0(0): 256, 1981. See also Sawyer et al., "Caffeine and Human Behavior: Arousal, Anxiety and Performance Effects, J. of Behav. Med. 5(4): 415, 1982. "Caffeine: Is, without question, the most commonly used psychoactive drug in the World." Jaffe, J.H., Comprehensive Textbook of Psychiatry, Chapter 13, Psychoactive Substance Use Disorders, 1(0), page 683, 1989.





during boring or intensive tasks, or a nice complement to a meal. All of these highly subjective reasons for smoking have found support in scientific publications.

Dr. Kessler pejoratively refers to "top tobacco industry officials" when referencing internationally respected Reynolds Tobacco scientists who have published widely in peer-reviewed scientific journals because they do not believe that tobacco is addictive. He then goes on to mischaracterize their data. In the journal article referenced by Dr. Kessler, Drs. Robinson and Pritchard summed up the evidence concerning addiction and tobacco use:

We believe that Warburton (1990) has developed a balanced, functional theory of nicotine use that recognizes the beneficial psychological effects of nicotine. This "resources" or "psychological tool" hypothesis holds that people smoke cigarettes primarily for purposes of enjoyment, performance enhancement and/or anxiety reduction. This theory also posits the common sense test of why people smoke. They smoke, not because they are addicted to nicotine, but because they achieve some benefits from smoking, enjoy these benefits which are totally compatible with everyday tasks and stresses, and choose to continue to enjoy these benefits....

We believe the distinctions are clear and cannot be stated more clearly than what was said in the 1964 SGR [Surgeon General's Report]: "the practices [smoking] should be labeled habituation to distinguish it clearly from addiction, since the biological effects of tobacco, like coffee and other caffeine-containing beverages, . . . are not comparable to those produced by morphine, alcohol, barbiturates, and many other potent addictive drugs" (p. 350, emphasis in original). If we lose this common sense perspective of the role of nicotine in tobacco use, those of us who enjoy the "lift" we receive from that first cup of coffee in the morning or that cold drink in the late afternoon may find that a few years from now a small group of researchers have equated our coffee/cold-drinking behavior to that of a hard-core crack or heroin addict.<sup>2</sup>

<sup>2</sup> Robinson and Pritchard, *supra* at 405-6.

No scientific breakthrough has occurred since the 1964 Surgeon General's Report to warrant classifying cigarette smoking as "addictive". All of the essential facts describing the behavior have been well known for years. The only thing that has changed is the political climate surrounding cigarette smoking, and with it the ability of anti-smoking critics to develop a new definition of "addiction" solely to include cigarette smoking within it.

### Conclusion

The facts are clear:

- Reynolds Tobacco does not add nicotine to its cigarettes.
- Reynolds Tobacco does not manipulate nicotine yields in its cigarettes in order to create, maintain, or satisfy "addiction".
- Cigarette smoking is not an "addiction" under common sense and honest comparison with truly "addicting" drugs.

Simply put, there is no factual basis or policy reason for the FDA to regulate cigarettes as drugs. The result of FDA regulation, moreover, would be a ban, or prohibition, of cigarettes. Dr. Kessler made this point clear in his recent statement before the Subcommittee. Members of this Subcommittee have stated that a ban or prohibition is not their intent; the American public resoundingly rejects the prohibition of cigarettes as well. We encourage a dialogue that will lead to progress rather than prohibition.

***Extension of Food and Drugs  
Act to Tobacco and Tobacco  
Products***

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Speech of  
**Hon. Reed Smoot**

of Utah

in the

**Senate of the United States**

June 10, 1929

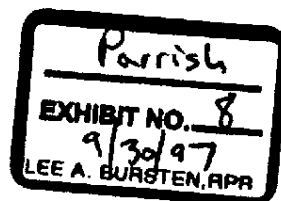


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SPEECH

HON. REED SMOOT

Mr. SMOOT. Mr. President, 20 years ago, when in certain quarters of our metropolitan cities a saloon flourished on every corner, when red lights marked houses of infamy, when blazing electric signs reminded the passerby that it was time for another drink of whisky, no tobacco manufacturer, despite the laws then permitted, had the temerity to cry to our women, "Smoke cigarettes—they are good for you." When newspapers were filled with cure-all and patent-medicine advertisements, no manufacturer of a tobacco product dared to offer nicotine as a substitute for wholesome foods; no cigarette manufacturer was so bold as to fly in the face of established medical and health opinion by urging adolescent boys to smoke cigarettes, or young girls—the future mothers of the Nation—to adopt the cigarette habit.

Not since the days when public opinion rose in its might and smote the dangerous drug traffic, not since the days when the vendor of harmful nostrums was swept from our streets, has this country witnessed such an orgy of buncombe, quackery, and downright falsehood and fraud as now marks the current campaign promoted by certain cigarette manufacturers to create a vast woman and child market for the use of their product.

In bringing to the attention of my colleagues in Congress a situation which demands strong legislative remedy if the health and welfare of the Nation are not to be increasingly undermined by an evil which promises to be greater than alcohol I desire to make it clear that no attack is intended upon the tobacco growers of our country, many of whom are in the grip of pernicious cigarette-manufacturing interests; that I realize that many tobacco manufacturers, with a due sense of their social obligations, have refrained and are refraining from exploiting public health in the sale of their products; and that the use of tobacco as a moderate indulgence by adult people is not in question. I rise to denounce insidious cigarette campaigns now being promoted by those tobacco manufacturing interests whose only god is profit, whose only bible is the balance sheet, whose only principle is greed. I rise to denounce the unconscionable, heartless, and destructive attempts to exploit the women and youth of our country in the interest of a few powerful tobacco organizations whose rapacity knows no bounds.

Whatever may be said of the moderate indulgence in the use of tobacco it is clear that the issue raised before the country in some of the current cigarette campaigns in the issue raised by urging excessive cigarette smoking; by flouting appeals to the youth of our country; by misrepresenting established medical and health findings in order to encourage cigarette addiction.

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# produced by RIRTC in TRIUMPH

These great cigarette campaigns, into which millions are being poured in order to create new armies of cigarette addicts, have been accompanied by a barrage of the most potent hypocrisy. "There is not the slightest basis, either in this country's advertising or radio broadcasting, for any suggestion that this or any other tobacco company is planning to create a vast child market for cigarettes," George Washington Hill, president of the American Tobacco Co., has protested in the newspapers. "I should be as shocked," he has declared, "as anybody else if a tobacco company should undertake to appeal to adolescents."

What is to be said for such a statement, when at the very moment that this is written, the American Tobacco Co. dares to thrust on the billboards of the Nation posters showing an adolescent girl smoking cigarettes?

What is to be said about such a statement when the American Tobacco Co. stands self-convicted before the country for broadcasting saluted testimonials from professional athletes, urging cigarettes as aid to physical prowess, although it has since been forced by innumerable protests addressed to radio stations to discontinue these claims on the air?

What is to be said for such a statement when to this very day the American Tobacco Co. attacks public health by urging young women to maintain slender figures by smoking cigarettes?

For months the gigantic machine of deception and fraud set up by pernicious cigarette interests has been gathering momentum. Under cover of alleged competition—the "newer competition," as Mr. Hill describes it in an article in the June issue of *World's Work*—the campaign to place a cigarette in the mouth of every woman and youth in the United States has now been extended to every town and village in the country. Mr. Hill's account of the accidental observation that led to the present cigarette campaign is very illuminating. He writes:

I was driving home from my office one afternoon last fall when my car was stopped by a traffic light. A very fat woman was standing on the near corner chewing with evident relish on what may have been a pickle, but which I thought of instantly through a natural association of ideas as a sweet.

This had no great significance until a taxicab pulled in between my car and the curb and blocked my view of the fat woman. I found my eyes resting easily on a pretty and very modern flapper whose figure was quite the last word in slenderness. The girl took advantage of the halt to produce a long cigarette holder, filled it with a rag, and lighted up.

But pickle or candy—he did not care which—this flash of vision in the brain of the president of the American Tobacco Co., because, we are told, the basis of a \$12,000,000 advertising effort in which football coaches were hired to tell the American boy that cigarettes put vim and vigor into the most strenuous of all physical exercises; in which the alleged testimonials of opera singers were used to persuade the American public that cigarette smoke was soothing to the throat; in which current celebrities were made to say that the cigarette habit was a social asset; in which moving-picture actresses, stage stars, and

56724—5544

others were paid to tell the American woman that they retained their slender figures only by smoking cigarettes.

What a pity Mr. Hill's limousine did not take him further afield. He might have traveled to Atlantic City on May 20 and heard the appalling reports made at the annual convention of the National Tuberculosis Association. Here is how the *New York Times* of May 30 heads its account of the meeting:

And tuberculosis gains among girls; physicians of convention lay risk to smoking, late hours, and inadequate diet; victims of "flapper" age; death rate 50 per cent greater than among boys five years ago, now is shown to be 100 per cent higher.

In any schoolroom he could have seen the dwarfed body of an habitual boy smoker, ruined in health and morals by being led into the cigarette habit at a tender age.

Mr. Hill might have inquired of any reputable physician who could have told him that intestinal catarrh, ulcer, liver hemorrhages, kidney degeneration, chronic bronchitis, heightened blood pressure, palpitation of the heart, pronounced anemia, Bright's disease, neurasthenia, cancer of the mouth and nose, premature senility are but a few of the ailments of which nicotine poisoning stands convicted by the medical profession.

The evil example set by the most powerful factor in the American tobacco industry has been quick to bear fruit. A widespread advertising campaign is now under way that actually features cigarettes as a newly discovered nerve tonic. In many women's colleges resentment has been caused by the free distribution of cigarettes designed to start girl undergraduates on the road to cigarette addiction. Another company sends congratulatory birthday greetings with a carton of cigarettes to boys who have reached 10 years of age. Every temptation that greed can devise is thus placed in the path of our boys and girls.

No wonder that the serious social problems presented by this huge campaign of uneducation have stirred so many elements of our national life. In the *Journal of the American Medical Association* of December 8, 1928, the campaign is condemned in the following words:

Who would have thought 10 years ago that cigarettes would be sold to the American public . . . actually by insistence on the healthful qualities of certain brands?

That American womanhood passed during the last five years through one of those periodic crises that have afflicted womanhood since the world began is not a secret. Indeed, women everywhere began to cultivate sylphlike figures, dieted themselves to the point of destruction; and tuberculosis rates, particularly for young girls, rose in many communities. . . .

At the same time the manufacturers of Lucky Strike cigarettes having secured, they claim, statements from 20,078 physicians that Lucky Strikes were less irritating than other cigarettes, are promulgating a campaign in which they assert that those cigarettes do not cut the wind or impair the physical condition, and that Lucky Strikes satisfy the longing for things that make you fat without interfering with a normal appetite for health foods. To which the simple reply is made, "Hokey."

56724—5544

The human appetite is a definite mechanism and the attempt to force that it be abated or destroyed by the regular use of tobacco is most daily vicious.

The Life Extension Institute, whose board is made up of leading American physicians and public-health authorities, is definitely on record with regard to tobacco. In its bulletin headed What It Costs to Smoke Tobacco, it is declared that among 5,000 smokers examined who showed various physical impairments requiring medical supervision, 8 per cent suffered from thickened arteries, 16 per cent from rapid pulse, 15 per cent from decayed teeth, 13 per cent from gum recession, 27 per cent from marked pyorrhea. The Life Extension Institute likewise reports college texts which indicate lower scholasticity records by students who inhaled tobacco fumes. The bulletin includes the following statement:

How many deaths have occurred from typhoid and from surgical operations upon those who have injured the nervous mechanism of their circulation by tobacco will never be known. But surgeons have noted instances of failure to rally after operations among cigarette smokers.

No less significant is the fact that at a time when powerful cigarette interests are screaming from every billboard and through millions of radio sets their pernicious advice to the women of our country to maintain a slender figure by smoking cigarettes, the Metropolitan Life Insurance Co. finds it necessary to warn its policyholders as well as the general public against such harmful dieting.

The desire for extreme slenderness—

Reveals its statement—

is bringing serious consequences. When stimulants, sedatives, or drugs are substituted for the food needed to build health or strength the penalty is certain and severe—frequently broken health and sometimes death.

The bibliography of those who have condemned the excessive use of tobacco includes some of the greatest names in medicine and public health in the history of this country—Dr. Alexander Lambert; the late Doctor Janeway, of Johns Hopkins Hospital; Doctor Sheldon, of Cornell University Medical College; Dr. Eugene L. Bick, medical director of the Life Extension Institute; Professor Park, of the University of Utah; Prof. M. V. O'Brien, of the University of Wisconsin; Dr. Arthur Deramont Bush, of the University of Vermont; Prof. W. P. Lombard, professor of physiology of the University of Michigan; Dr. Harvey W. Wiley; Dr. Samuel G. Dixon, commissioner of health for Pennsylvania; Dr. J. H. Kellogg, superintendent of Battle Creek Sanitarium; Dr. Francis Bowling; Dr. Elbert H. Burr; Dean Horrell, of Ohio Wesleyan University; Dr. Henry Churchill Klug, president of Oberlin College; Robert Lee Bates, of the psychological laboratory of Johns Hopkins University; Dr. L. Marco Clark, consulting neurologist of the Manhattan State Hospital, New York. A host of other investigators might be mentioned.

But a no more pertinent, timely, and measured condemnation of the current cigarette propaganda can be quoted than the

60724—5544

statement made on June 7, 1929, by Dr. Hugh S. Cummings, Surgeon General United States Public Health Service. He said:

The cigarette habit indulged in to excess by women tends to cause nervousness and insomnia. If American women generally contract the habit, as reports now indicate they are doing, the entire Nation will suffer. The physical tone of the whole Nation will be lowered. The number of American women who are smoking cigarettes today is amazing. The habit harms a woman more than it does a man. The woman's nervous system is more highly organized than the man's. The reaction is, therefore, more intense. It may ruin her complexion, causing it to become gradually ashen. Propaganda stating that tobacco be used as a substitute for food is not in the interest of public health, and if practiced widely by young persons will be positively harmful.

It was regretted that the great voice of the pulpit should rise in indignant protest against the appalling exploitation of the health and welfare of the American family inherent in the current cigarette propaganda.

The board of Christian education of the Presbyterian Church in the United States; the board of temperance, prohibition, and public morals of the Methodist Episcopal Church; the board of education of the Reformed Church in America, as well as the Congregational Church extension boards, have denounced the insidious cigarette campaign. The United Presbyterian General Assembly, meeting at Pittsburgh on June 4, 1929, protested in a resolution against the "boldness of the tobacco interests in advertising their wares over the radio, in newspapers, and on billboards."

The World Society of Christian Endeavor, through its president, Dr. Daniel B. Poling, of New York, has issued a stirring call for action. Here is what Doctor Poling says in his open letter addressed to the 1,800 branches of that great organization:

I speak first of all—

He declares—

as an American father who, with an American father's concern for his own children and for all children challenges current cigarette advertising. I speak in the second place as the president of the World Society of Christian Endeavor; as the representative, therefore, of more than 4,000,000 young people who share with me the deep hostility against this advertising. . . . Womanhood is being exploited for trade. Excess is being encouraged as efficiency. Boys and girls in the crucial years of adolescence are being led to stunt their bodies and dwarf their minds.

Nor is the campaign announced by the Woman's Christian Temperance Union against such untruthful and misleading cigarette appeals any less decisive.

Nearly every leading organization concerned with the education of our young, with juvenile delinquency, with the maintenance of public morals, has taken some action to protest against the wholesale attempt to nicotineize the youth of our Nation, including the National Education Association, the American Federation of Teachers, the American Eugenics Society, the American Child Welfare Association, and numerous parent-teacher associations throughout the country.

60724—5544

The General Federation of Women's Clubs declared its views on cigarette smoking at its fifteenth biennial convention in a resolution reading as follows:

Whereas the cigarette is a serious menace to the physical, mental, moral, and spiritual development of the youth of our country; Therefore be it

*Resolved*, That the women of the General Federation go on record as favoring an educational propaganda against cigarettes, and further informing State legislation prohibiting the furnishing of cigarettes to minors.

The contemptuous term "tainted testimonials," coined by leading advertising men to describe the purchased testimony offered by cigarette interests, is sufficient indication of the way in which American business generally views this campaign. What quackery! Overnight, as it were, the old "cough nail," against which we solemnly warned our young, became the sovereign good. Are you suffering from sore throat? Gargle with cigarettes—there is not a cough in them. Would you be slender and charming? Substitute cigarettes for wholesome foods. Would you gain laurels on the football field? Cigarettes will give you vim and vigor. Would you be a great general? Forget that an army marches on its stomach—it marches on cigarette stubs. Would you be a popular sea hero? Throw the life preservers overboard!—and place your trust in a package of cigarettes.

It is a high affirmation of American business standards that the Association of National Advertisers, including the most reputable business interests of the country, at its meeting in French Lick, Ind., during the week of May 27, passed the following resolution repudiating the tainted testimonials now used in the nation-wide cigarette propaganda on the billboards and in the magazines:

Whereas we believe that advertising, in order to be lastingly effective and profitable, must not only be truthful and sincere but must also appear to be; and

Whereas, this being our belief, it naturally follows that we view with disapproval the use of the so-called paid testimonials; Therefore be it

*Resolved*, That our members continue carefully to scrutinize their own advertising from this standpoint, and that they express this opinion of the association on insincere testimonials, gratuitous or paid for, at every opportunity.

It is important to note, also, that out of 780 advertising agencies and national advertisers which answered a questionnaire from the National Better Business Bureau, 661 expressed emphatic condemnation of tainted testimonial advertising. The cigarette campaign, it is evident, is a libel—a great libel—upon American business ethics.

Let there be those who may think that the great public interest in this problem is beyond the proportions of the issue involved, let us glance for a moment at the enormous growth of the cigarette habit since the vast machinery of public exploitation has been set in motion by the cigarette industry. Here is a table showing the—

66724—3544

Consumption of cigars, cigarettes, and other manufactures in the United States, 1914-1923; January July, 1924

Year	Cigars (number)	Cigarettes (number)	Other manufactures (pounds)
1914	8,762,772,999	13,247,891,457	43,728,710
1915	8,476,729,047	14,110,212,463	41,653,000
1916	7,774,017,265	15,567,639,192	41,915,250
1917	8,501,214,840	23,711,435,521	61,607,760
1918	8,911,114,283	27,129,729,167	67,237,951
1919	8,911,580,731	45,229,769,459	69,714,300
1920	8,126,759,723	47,019,458,973	61,672,441
1921	8,216,863,991	42,163,842,307	60,358,149
1922	7,625,991,133	60,229,632,122	57,168,134
1923	7,694,091,915	62,867,823,794	61,915,490
1924	7,921,623,950	64,132,415,293	66,379,123
1925	7,608,585,560	79,969,891,819	69,551,873
1926	7,326,119,943	79,129,296,825	69,741,603
1927	7,372,833,363	88,129,296,825	66,962,611
1928	7,268,152,741	87,369,611,719	71,599,137
1929	8,034,714,161	102,151,639,009	75,874,261

Computed by adding imports to the production and subtracting exports; the trade of Alaska, Hawaii, and Porto Rico is included. Imports of cigars and cigarettes are reported in pounds. They are converted to thousands by assuming 1,000 cigars to weigh 26 pounds and 1,000 cigarettes to weigh 3 pounds. The figures for production from 1916 include manufactures in bonded warehouses, not available prior to that time.

Explanatory.

Source: Internal revenue reports and Census Bulletin 161, Stocks of Leaf Tobacco, for Production; Commerce and Navigation of the United States; and Monthly Summary of Foreign Commerce of the United States for trade.

It will be noted that the consumption of cigarettes in the United States has now reached the enormous total of 102,000,000,000, an increase of 113 per cent during the last decade. In 1916 only 3,000,000,000 cigarettes were consumed by the American public. The increase from that figure to the present annual rate of consumption is more than 3,000 per cent.

What is the bill which the Nation pays for this huge tobacco consumption? In terms of premature death, of disease, of ill health, of lessened efficiency, of loss through fires started by smoking, the sum is incalculable. In the price paid directly in dollars and cents, the following comparative table, compiled by the National Education Association for the year 1923, based on United States Treasury Department tax returns, is illuminating:

Cost of public schools, elementary, secondary, and col-

lege, in 1923	\$2,255,251,327
Spent for tobacco, 1923	2,087,110,000
Spent for life insurance, 1923	2,424,000,000

It is evident that there is a deeper, more sinister purpose behind the vast machinery of deception created for the cigarette campaign than the "new competition" by which the American Tobacco Co. seeks to cloak its attack upon public health. The cigarette interests concerned in the present campaign are playing for larger stakes than a mere share of the farmer's, the dairy producer's, the baker's, the ice cream man's, the candy man's, the sugar man's, and the grocer's dollar. All producers and purveyors of raw and manufactured food products are well within their rights in attacking such a campaign of unfair competition, when the American public is urged, on the basis of misleading and destructive health claims, to substitute cigarettes

66724—3544

for wholesome foods. Many groups and farm organizations at a time when Congress is legislating on important problems of farm relief, are fully justified in denouncing a campaign which seeks to increase harmful and destructive dieting habits that have done so much to reduce the per capita consumption of foodstuffs in the United States.

What pernicious tobacco interests really see is the vacant throne created by the deposition of King Alcohol. And well they may. Let me quote from the second volume of *Modern Medicine*, by Doctors Oster and McOrea:

Many patients (alcoholic) in whom the attack seems to be without exciting cause, if questioned closely, are found to be great tobacco smokers, and the cause of their outbreak is really a recurrent poisoning by tobacco. Usually the history is that they smoke especially the cigarette smokers, incessantly and to excess. This finally makes them nervous. Then they smoke more to quiet their nervousness, until finally they seek another narcotic to quiet them; then they naturally turn to alcohol.

The link between the drink habit and the drug habit inherent in excessive cigarette smoking has been made clear repeatedly by medical authority.

The insidious cigarette campaign now in progress concerns every father and every mother of children in the country; every man and woman responsible for the education of the young; every medical and health authority; every employer of labor; every worker whose efficiency is decreased by the cigarette habit. It concerns every welfare organization, every tuberculosis association, every life and fire insurance company, every property owner, every juvenile protective association.

Are we to be as helpless as China, where the British-American Tobacco Co. has so successfully introduced the general habit of cigarette addiction? The late President Emeritus Charles W. Eliot, of Harvard, was eyewitness to the campaign there, which called for the free distribution of billions of cigarettes. "Thus the Christian nations," he exclaimed, "confer the benefits of civilization on the Orient!"

Are the interests of public health here to be completely overriden when this same American Tobacco Co., a heavy advertiser in France, does not dare to offer its cigarettes as a substitute for food products in that country?

The challenge hurled at public health, public welfare, and business decency by destructive cigarette interests must be fairly and squarely met. State legislation is now attempting to cope with the problem.

In Illinois a bill has been introduced in the general assembly for the restriction of advertising which urges young people to smoke cigarettes. A similar measure is before the senate of that State.

A bill to prevent the advertising of cigarettes through the radio and on the billboards, introduced February 12, is now before the Idaho State Senate.

The laws of the State of Maine have put tobacco in the class with poisons and narcotic drugs.

In the State of West Virginia tobacco is placed by statute in the class with opium.

56724-5544

In Michigan a bill has been offered in the lower house for the prohibition of advertising designed to promote the sale of cigarettes to women.

In the State of Utah billboard and street-car advertising of cigarettes has been made a misdemeanor.

In Mississippi Dr. W. F. Bond, State superintendent of education, is calling for a nation-wide effort to combat the millions of dollars that cigarette manufacturers are spending for propaganda.

In California schools are required by law to instruct children as to the injurious effects of tobacco, and the sale of cigarettes is forbidden to any girl or boy under the age of 18.

In practically every other State of the Union public display of cigarettes for minors is expressed by law in one form or another.

At the present time intensive efforts are in progress in various communities against the billboard advertising of the American Tobacco Co., which has dared to feature a poster picturing a girl of tender years actually smoking cigarettes. These community efforts are now in progress in Arkansas, California, Colorado, Idaho, Illinois, Iowa, Massachusetts, Michigan, Minnesota, Mississippi, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, South Dakota, Texas, Tennessee, Washington, and other States.

But the time has come for the Congress of the United States to take definite action. The sale of cigarettes, promoted upon a national scale, is properly a subject of interstate commerce. Cigarettes and many tobacco products are nationally advertised in media which in most cases are subject only to Federal control.

I am convinced that the present great license assumed by certain cigarette interests would have been impossible if tobacco and tobacco products were subject to the same regulations that apply to basic food products or to drug products, in which latter classification tobacco properly belongs.

Only a fine technicality permits tobacco at the present time to escape proper classification and control. In section 8 of the food and drugs act drugs are defined as "all medicines and preparations recognized in the United States Pharmacopoeia, or National Formulary, for internal and external use."

In the past tobacco has been listed in the pharmacopoeia as a drug, but was dropped in the last revision of this work with the following explanation, which makes the reason for omission self-evident:

Tobacco, the leaves of *Nicotiana tabacum*, was official in former pharmacopoeias, but was dropped in the last revision. It was formerly highly esteemed as a vulnerary, but is little used as a drug by intelligent physicians. A decoction of tobacco in which curatives sublimate has been discovered makes a satisfactory bedbug poison.

Although tobacco is thus officially banned as a remedy, despite the claims of the American Tobacco Co. that it promotes the health of the user, the fact remains that tobacco contains many injurious drugs, including nicotine, pyridin, carbolic acid, ammonia, marsh gas, and other poisons.

While basic food products upon which our great agricultural population is dependent, while any drugs and medicines the use

56724-5544



or abuse of which may have a bearing upon public health, are under the Food, Drug, and Insecticide Administration of the United States Department of Agriculture, tobacco, the abuse of which has become a national problem, is not included within the regulations of the food and drug act. For the already technical reason that since modern medical practice has abandoned it as a remedy it is no longer listed in the pharmacopoeia.

The bill which I now lay before this body, designed to protect public health and public welfare from the further exploitation of irresponsible cigarette interests, provides:

(a) For the inclusion of tobacco and tobacco products within the scope of the food and drug act.

(b) For the amendment of the food and drug act so that claims made for food and drug products in any advertising medium subject to interstate-commerce control should be under the same strict regulation now applied to labels or other descriptive matter on, within, or around the container in which the product is packed.

Public interest, efficiency, and economy require the amendment to the food and drug act empowering the Food, Drug, and Insecticide Administration to proceed against any manufacturer of a drug or food product whose public sales claims are partly or wholly unjustified by the facts. The Federal Trade Commission, which now cooperates with the Food, Drug, and Insecticide Administration, has no laboratory facilities and no adequate corps of investigators. Procedure is slow, therefore, and in matters affecting public health vast harm may be done before the Federal Trade Commission is ready or able to take action in the premises.

This measure is proposed, therefore, to remedy this situation and in order to avoid duplication, the overlapping of authority, the diffusion of responsibility, and the dual expense to the Government.

The bill which I now send to the Clerk's desk is designed to meet a problem of such great and immediate importance to public health and of such vital interest to our agricultural producers and business men that I am confident it deserves and will obtain the support of every Member of Congress.

56724-5544

## *Extension of Food and Drugs Act to Tobacco and Tobacco Products*

Speech of

Hon. Reed Smoot

of Utah

in the

Senate of the United States

June 10, 1929

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(Not printed at Government expense)



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56724- 3544

# HUMPHREY

Although conducted by doctors of professional standing, some experiments are not regarded as trustworthy in the field of human research. However, we do not believe that any serious biological research, even though its results are inconclusive, should be discarded or lightly belittled.

...the results were matched on experiments with more basic problem-solving problems, as a laboratory-based experiment methodology is no longer way associated with being connected to hardware behavior.

Although conducted by factors of professional training, these experiments are not regarded as representative in the field of human research. However, we do not believe that any serious biological research, even though its results are inconsistent, should be disregarded or lightly dismissed.

As the second item, at the end of the public lecture, he called attention to the fact that Communist Germany had renounced its former publicly pronounced the demand "publicity of science" as a demand.

## 2. Post medical research of recent years indicates usage

10. There were no differences among the subjects regarding the level of the claims in the study.

4. Text statistics pertaining to text relevance modeling with these could apply with equal force to any and every other aspect of modern life, indeed the validity of the network perspective is reinforced by numerous statistics.

we were to interview people, it is a big step. However, participants to our project can understand our motivation. We believe the problem we solve are justified to solve.

They also fit for and above will characterize closely with these models as a subcategory: the political position.

The statement is being issued because we believe the people are entitled to know where we stand on this matter and what we intend to do about it.

Exhibit No. 9  
Parrish  
JUL 30 1941  
LEE A. BURSTEN RIPP

DEPOSITION EXHIBIT

NOT RECEIVED

Michael E. Parrish

William Barnes

# 10

DEPONENT:

CASE NAME:

EXHIBIT NO:

Produced by RJRT  
HUMPHREY